DEPT.- 65

JOB- 15

REEL- 32

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23907

FORM RM-1 (11-58) RETAIN—PERM

REQUEST FOR RETENTION PERIOD

To Records Management Officer
Room 408, City Hall, Baltimore, 2, Md

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D Title Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negatives Perm
1 positive for hospital

C P Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Ward 1 — C16300 — 28

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lewis Yeaky

{Residence, if in Baltimore, Give Street and Number.} 523 Falls Road

Duration of Residence in Baltimore. 4 years?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: white
DATE OF BIRTH: Oct. 9- 1904	
AGE: 4 years, — months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: child	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Jacob E. Yeaky	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Minnie Foster	
BIRTHPLACE OF MOTHER (State or country): Virginia	
OCCUPATION OF DECEASED: child	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Minnie Yeaky

(Address) 400 - 5th Street

Filed 10/12 1908 — [illegible] — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1908

I HEREBY CERTIFY, That I attended deceased from October 8 1908 to October 11 1908 that I last saw h-ima alive on October 11 1908, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Tuberculosis Meningitis? (DURATION) DAYS

(Signed) Louis H. Seth M.D.

Address University Hospital

Date October 11 1908

Place of Burial St Johns Cemetery Adams Co, Pa

Date Oct. 14- 1908

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C16301

CERTIFICATE OF DEATH.

(Place of Death.) No. ____ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Pauline Minick

{ Residence, if in Baltimore, Give Street and Number. } Notre Dame Convent - Asquith St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	January 7 1881
AGE	27 years, 9 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Sand Lake Michigan
FULL NAME OF FATHER	Andrew Minick
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Anna Reichenbach
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	Religious-domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Clarissa

(Address) Notre Dame Asquith St

Filed Oct 12 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Oct 10 1908

that I last saw her alive on Oct 9 1908,

and that death occurred, on the date stated above, at 10

I. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
10 months (DURATION) DAYS

Contributory (Primary.)
(DURATION) DAYS

(Signed) J. Finley M.D.

Address 1110 E Fayette

Date Oct 11, 1908

Place of Burial Govanstown Private

Date Oct 13 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. C 16302 160

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Penna Ave. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Leonard C. Hentzel

Residence, Give Street and Number, 1011 Myrtle Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Oct 9 1863

AGE 45 years, months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Gustave

BIRTHPLACE OF FATHER (State or county) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or county) ✓

OCCUPATION OF DECEASED Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida Hentzel

(Address)

Filed Oct 12 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 11 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Stomach hge

(DURATION) DAYS

Contributory (Primary) Suicide by cutting his throat with razor. (DURATION) DAYS

(Signed) Silas Bradman M. D.

Address 706 N. Lafayette Ave (Corner)

Date Oct 11 1908

Place of Burial Baltimore Cemetery

Date Oct 13. 1908

Undertaker Mrs A Rohde Son

Address 730 Penna Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. C 143037

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 116, Albemarle St.; 3rd Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Ricci

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Patterra

(Address) 250 Albemarle St

Filed Oct 12 1908 HARRY G. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: OCT 12 1908 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from OCT 11 1908 190 to OCT 11 1908 190

that I last saw him alive on OCT 11 1908 190,

and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Don't Know (DURATION) DAYS

Contributory only seen patient once (DURATION) DAYS

(Signed) A. Palmisano M. D.

OCT 12 1908 190 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Vincent Cem. DATE OF BURIAL: Oct. 13th 1908

UNDERTAKER: Arnold Tippet & Son ADDRESS: 330 S. Bond St.

Ward ..... Registered No. B C16304

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2417 Foster Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name .....

{ Residence, if in Baltimore, Give Street and Number. } Emma Hummel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 1 1907

AGE: 1 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jos Hummel

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Elizabeth Barnes

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hughes

(Address) 2421 Foster ave

Filed Oct 12 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 29 1908 to Oct 11 1908

that I last saw h alive on Oct 11 1908

and that death occurred, on the date stated above, at 1.55 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 20 DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) C. L. Lone, M.D.

Address 2429 Foster Ave

Date Oct 12 1908

Place of Burial Sacred Heart

Date Oct 14th 1908

Undertaker Wendell Dippelsman

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

C16305

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2304 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick T. Smith

{ Residence, if in Baltimore, Give Street and Number. } 2304 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 28 1886.

AGE: 22 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John J. Smith

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Maggie V. Wilson

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Smith

(Address) 2304 Jefferson st

Filed Oct 12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Oct 11— 1908 that I last saw h— alive on Oct 11— 1908, and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

one year (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. W. Brown M.D.

Address 125 N Bond

Date Oct 12 1908

Place of Burial Oak Lawn Cemetary

Date October 15 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C16306

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1007, N. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willie H Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	colored

DATE OF BIRTH ..... (Month) ..... (Day) ..... Year)

AGE 42 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Thomas Johnson

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Hattie Taylor

(Address) 1007 N Durham

Filed Oct 12 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Oct 11 1908 that I last saw him alive on Oct 10 1908 and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Exhaustion

1 (DURATION) DAYS

Contributory Diabetes

three months (DURATION) DAYS

(Signed) Walter H White M. D.

Oct 12 1908 (Address) 1101 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Emporia Belfield Va Greensville Co

DATE OF BURIAL: Oct-13 1908

UNDERTAKER: Robert A Elliott

ADDRESS: 506 Rogers

CERTIFICATE OF DEATH.

(Place of Death.) No. 1422 Chappell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Sutterman C 16307

{Residence, if in Baltimore, Give Street and Number.} 1422 Chappell St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard Sutterman

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Pressman St

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6. 1908 to Oct 12 1908

that I last saw him alive on Oct 12 1908

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Strangulation (after Swallowing Milk) + Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Diphtheria

(DURATION) 6 DAYS

(Signed) Wm. H. Wagner M.D.

Address 1373 N. Caroline St

Date Oct 12, 1908

Place of Burial Mt Olivet

Date Oct 14 1908

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

11 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1037 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Birdie E. Boulden C 16308

{Residence, if in Baltimore, Give Street and Number.} 1037 N. Gay st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Nov 15 1876

AGE 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo L. Hardiman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E. Newton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred S Boulden

Address 1037 N. Gay St

Filed 10/13 1908 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12 - 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6 - 1908 to Oct 12 - 1908

that I last saw her alive on Oct. 11 1908

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Brights disease

(DURATION) 10 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina st.

Date October 12 1908

Place of Burial Dacto Cemetery

Date Oct 15. 1908

Undertaker Ralph Skinner

Address 1472 N. Gay st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C16309

CERTIFICATE OF DEATH.

176

(Place of Death.) No. 622 N Lombard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant of Mrs Curtis and Mary Tyson.

{Residence, if in Baltimore, Give Street and Number.} 622 N. Lombard St.

Duration of Residence in Baltimore. Since.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH Oct 11 1908.

AGE ..... years, ... months, Since days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Curtis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Tyson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Tyson

(Address) 225 N. Pine St

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 11 1908; that I last saw h ina alive on Oct 11 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia Neonia

(DURATION) DAYS

Contributory (Primary.) Pressure upon Umbilical Cord (DURATION) DAYS

(Signed) J. M. Allen M. D.

Address 622 W. Lombard St.

Date Oct 12th 1908.

Place of Burial Mt. Auburn Cem

Date Oct 13th 1908.

Undertaker Saml. H. Chase, Son

Address 1400 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C16310

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1407 Bank St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Marcalinna C16310

{Residence, if in Baltimore, Give Street and Number.} 1407 Bank St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 5th 1908

AGE ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Marco Marcalinna

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Josephine Russo

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Marcalinna

(Address) 1407 Bank St.

Filed 10/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 10 1908

that I last saw her alive on Oct 10 1908

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus.

Ces (DURATION) 2 months DAYS

Contributory (Primary) Asthenia

(DURATION) 7 DAYS

(Signed) M. Cittadella M.D.

Address 827 Aisquith St

Date Oct 12 - 08 1908

Place of Burial Holy Redeemer Cemetery

Date Oct 13th 1908

Undertaker Lilly and Beiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

Registered No. B C16311

City of Baltimore, (No. 2127 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis Wehn

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 11 1866 (Month) (Day) (Year)
AGE	43 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	August Wehn
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Elizabeth Moffitt
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucie Wehn (wife)

(Address) 2127 Hollins St

Filed 10 13 1905

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 11 (Day) 1905 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10 1905 to Oct 11 1905

that I last saw him alive on Oct 11 1905,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Acute Nephritis.

(DURATION) DAYS

Contributory Chronic Nephritis

(DURATION) DAYS

(Signed) B. F. French M. D.

Oct 12 1905 (Address) 1514 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lauderdale	Oct 13 1905
UNDERTAKER Wm J. Pickrell & Sons	ADDRESS Camden and Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

Ward C16312

CERTIFICATE OF DEATH.

31

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Wise

Residence, Give Street and Number, 1023 Hoffman Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Dec 14th 1833

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married.

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Jacob P. Wise

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Laborer Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/13 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 12 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14 1908 to Oct 12 1908

that I last saw h alive on Oct 12 1908

and that death occurred, on the date stated above, at 5 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Hernia & Exhaustion.

(DURATION) — DAYS

Contributory (Primary) Carcinoma of Jaw

(DURATION) DAYS

(Signed) J. M. Eshleman, M. D.

Address Bay View Hospital

Date Oct 12 1908

Place of Burial Balto. Cemetery

Date Oct 14th 1908

Undertaker Lilly and Reiter

Address 403 S. Wolfe St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 Registered No. C16313

CERTIFICATE OF DEATH. C16313

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Leslie (baster)

Residence, Give Street and Number, 1030 Stockton St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR B.

DATE OF BIRTH — — — 1

AGE 61 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Plasterer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hellyer, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 12 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1908 to Oct 12 1908

that I last saw him alive on Oct 12 1908

and that death occurred, on the date stated above, at 6 05 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion Typhoid —

(DURATION) — DAYS

Contributory (Primary) Sarcoma of Arm.

(DURATION) — DAYS

(Signed) W. K. Eskew M. D.

Address Bay View Hospital

Date Oct 12 1908

Place of Burial Mt Zion Cemetery Baltimore Co. Md

Date Oct 14 1908

Undertaker Wm J. Johnson

Address 644 E. Baker St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C16314

CERTIFICATE OF DEATH.

C 16314 179

(Place of Death.) No. 2106 Etting St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claudius Boyer (Boyer)

{Residence, if in Baltimore, Give Street and Number.} 2106 Etting St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Clarkis Boyer

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Boyer

(Address) 2106 Etting St

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Lincoln Baldwin M.D.

Address 70 W. Laf. Ave Corner.

Date Oct. 11 1908.

Place of Burial Mt Auburn

Date Oct 13 1908

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

C16315 Registered No. C16315

CERTIFICATE OF DEATH.

(Place of Death.) No. 737 Iceland St. 90

Full Name Hilda E. Grason St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{Residence, if in Baltimore, Give Street and Number.} Same.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	W

DATE OF BIRTH: April 2nd 1902

AGE: 6 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles H. Grason

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Grason

(Address) 737 Iceland St.

Filed 10/13 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Oct 10 1908

that I last saw h.. alive on Oct 10 1908

and that death occurred, on the date stated above, at 10-15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia,

Con'tributory (Primary.) Cerebro Spinal Meningitis, (DURATION) 12 DAYS

(DURATION) DAYS

(Signed) B. L. Lynch M.D.

Address 1514 Hollins St.

Date Oct 11 1908

Place of Burial Laurel Cemetery

Date Oct 13 1908

Undertaker Geo H. Hooper

Address 609 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C16316

85

CERTIFICATE OF DEATH.

(Place of Death.) No. 1225 E. Preston St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William R Weiningham

{Residence, if in Baltimore, Give Street and Number.} 1225 E. Preston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 22 1908

AGE: ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robt Weiningham

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: India Watson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Weiningham

(Address) 1225 E. Preston St

Filed 10/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 22 1908 to Oct 12 1908 that I last saw him alive on Oct 12 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) X DAYS

Contributory (Primary.)

(DURATION) X DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline St

Date Oct 13 1908

Place of Burial Baltimore Cemetery

Date October 13th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 16317.

City of Baltimore, (No. 2067 N Fremont St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Moorman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Wht

DATE OF BIRTH: Oct 8th (Month) (Day) 1908 (Year)

AGE: — years, — months, 36 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry G Moorman

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Mary Hugel

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gilman T. Evans.

(Address) 833 N Fulton av

Filed 10/13 1908

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 9th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Birth Oct 8 1908 to Oct 9th 1908

that I last saw her alive on Oct 9th 1908,

and that death occurred, on the date stated above, at about 12 midnight M. The CAUSE OF DEATH was as follows:

Premature birth

6th Month Gestation

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Gilman T. Evans M. D.

Oct 10th 1908 (Address) 833 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 190
UNDERTAKER	ADDRESS

Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 James St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma E. A Mullen

Residence, Give Street and Number, 1303 James St

Duration of Residence in Baltimore, Life

C 16318

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH October 8 1905

AGE 3 years, — months, 3 days

SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Geo. B Mullen

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Nellie Grace

BIRTHPLACE OF MOTHER (State or county) Carrol Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. B Mullen

(Address) 1303 James St

Filed 10/13 1905

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 11 1905

I HEREBY CERTIFY, That I attended deceased from Oct 11 1905 to Oct 11 1905 that I last saw h[illegible] alive on Oct 11 1905 and that death occurred, on the date stated above, at 12 P M. CAUSE OF DEATH (Secondary or Immediate.)

Catarrhal Croup

(This child was subject to the attacks of croup) (DURATION) 3 DAYS

Contributory (Primary) asphyxia due to Spasm of Glott (DURATION) DAYS

(Signed) J. C. E. Mure M. D.

Address 1515 Columbia ave

Date Oct 12 1905

Place of Burial Loudon Park Cemetary

Date October 13 1905

Undertaker Wm Cook

Address 502 E. Fort Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF B.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1

C 16319

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Good Samaritan Hospital St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 32 years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H. Brown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Hannah A. Lindsay

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Stationary Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. G. Wash

(Address) Sykesville Md

Filed 10/13 1908

HENRY C. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 17 1908 to Oct. 13 1908

that I last saw h[illegible] alive on Oct 13 1908;

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Typhoid Fever.

(DURATION) 40 DAYS

Contributory — Exhaustion & Intestinal Perforation

(DURATION) 16 hours DAYS

(Signed) Anna D. Schultz M. D.

Oct. 13, 1908 (Address) 1080 Mt. Cullen Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Sykesville, Md. How long at Place of Death? 26 Days

Where was disease contracted, if not at place of death? Sykesville, Md.

PLACE OF BURIAL OR REMOVAL: Sykesville Md

DATE OF BURIAL: Oct 13 1908

UNDERTAKER: W. J. Pickrodt & Sons

ADDRESS: Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7D

C16320

Registered No. [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1236 S. Charles St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Eliz. Brady

Residence, Give Street and Number, 1236 S. Charles St

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH Oct. 11 1831

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Baltimore City

FULL NAME OF FATHER Andrew Seitz

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Rebecca Sellers

BIRTHPLACE OF MOTHER (State or county) Baltimore City

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. Alexander

(Address) 1234 S. Charles St

Filed 10/13 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9 1908 to Oct 11 1908

that I last saw her alive on Oct 11 1908

and that death occurred, on the date stated above, at 3 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonales

(DURATION) 1 yr DAYS

Contributory (Primary) Pulmonary hemorrhage

Few minutes (DURATION) DAYS

(Signed) C. H. Elles M. D.

Address 615 Light St

Date Oct 12 1908

Place of Burial Loudon Park Cemetery

Date Oct 13 1908

Undertaker H. and M. S. Flynn

Address 42 S. West St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C16321

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 27 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie O. Crispens

{Residence, if in Baltimore, Give Street and Number.} 27 E Fort Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Feby 8 1859

AGE 49 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Eliza B Smith

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emma V Browning

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Hwk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie E Crispens

(Address) 1417 Light St

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to 10/11 1908 that I last saw h-- alive on 10/11 1908, and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

from History of Illness (Attendance) (DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L Purington M.D.

Address 62 E Fort ave

Date 10/12 1908

Place of Burial Mount Olivet Cemetery

Date Oct 14 1908

Undertaker Edward D. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C16322 Registered

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 403 E. Fort Av. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry L. Eckhart

Residence, Give Street and Number, 403 E. Fort Av.

Duration of Residence in Baltimore, 67 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	white

DATE OF BIRTH: Dec 2 1840

AGE: 68 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John Wm Eckhart.

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Katharine Gruel

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Brick maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) wife Wm. Eckhart

(Address) 403 E. Fort Av

Filed 10/13 1908

HARRY C. ARDREY, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 11 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to Oct 11 1908

that I last saw him alive on Oct 10 1908

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of Stomach

(DURATION) about 1 yr. DAYS

Contributory (Primary)

Exhaustion (DURATION) 7 wks DAYS

(Signed) Ruth E. Schmidt M. D.

Address 1315 N. Charles St

Date Oct 12 1908

Place of Burial Baltimore Cemetery

Date Oct 14 1908

Undertaker Edward L. Fanning

Address 1460 Battery Ave

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 14

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ellen Ruth C 14323

Residence, Give Street and Number, 309 Arlington Ave - Govanstown

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. 16 1852

AGE: 26 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Geo. King

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Alice Scott

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hamilton L Ruth

(Address) 2120 E Lafayette Ave

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 12th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1908 to Oct 12th 1908

that I last saw her alive on Oct 12th 1908

and that death occurred, on the date stated above, at 2 A- M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Elmer Gill Hall M. D.

Address St. Josephs German Hospital

Date Oct 12th 1908.

Place of Burial Most Holy Redeemer

Date Oct. 15 1908

Undertaker Wm C. Black

Address 223 S Broadway

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward C16324

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Smith

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	F.
COLOR	W.
DATE OF BIRTH	—
AGE	50 years, ... months, ... days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	S.
BIRTHPLACE (State or county)	Md
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or county)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or county)	"
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Rollyson, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/13 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 9 1908

I HEREBY CERTIFY, That I attended deceased from Jul 9 1908 to Oct 9 1908

that I last saw her alive on Oct 9 1908

and that death occurred, on the date stated above, at 11:00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cystectomy

(DURATION) — DAYS

Contributory (Primary) Carcinoma Uteri

(DURATION) DAYS

(Signed) W. P. Baker M. D.

Address Bay View Hospital

Date Oct 10 1908

Place of Burial New Cathedral

Date Oct 13th 1908

Undertaker Newcomer Fun. Co

Address 300 W Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

C 14325 **CERTIFICATE OF DEATH.** 21

(Place of Death.) No. 605 Pennsylvania Ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helene Petrich

{ Residence, if in Baltimore, Give Street and Number. } 605 Pennsylvania Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Oct. 20 1870	
AGE 37 years, 11 months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Petrich

(Address) 605 Pennsylvania Ave

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1908 to Oct. 12 1908 that I last saw her alive on Oct 12 1908, and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 300 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Leonard E Beach M.D.

Address 857 N Fayette St.

Date Oct. 13 1908

Place of Burial Baltimore Cem.

Date Oct. 14 1908

Undertaker Geo. W. Little

Address 531 N Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C 1 6326

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Freeland

Residence, Give Street and Number, 611 Bradley St

Duration of Residence in Baltimore, Ten Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Fem

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Tom Freeland

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary Freeland

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W H. Lane

(Address) 606 Bradley

Filed 10/13 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 709 Eutaw Ave. Clermont

Date Oct 13 1908

Place of Burial Mt Auburn Cemetery

Date Oct 13 1908

Undertaker R A Elliott

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C16327

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie Johnson

{Residence, if in Baltimore, Give Street and Number.} 552 Orchard St.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 40 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Peter Bowgh

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Gracey Abromm

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Farm work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Lewis

(Address) 427 Henrietta St

Filed 10/13 1908

HARRY C. [illegible] Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 24 1908 to Oct. 9 1908 that I last saw her alive on Oct. 9 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

General peritonitis

(DURATION) DAYS

Contributory (Primary) Chronic pelvic inflammation

(DURATION) DAYS

(Signed) Wm Schmitz M.D.

Address City Hospital

Date Oct 9 1908

Place of Burial Hancock co Va

Date Oct 13 1908

Undertaker R A Elliott

Address 526 Hayes Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C 16328 Registered No.

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1053 W. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McIlhaney

{ Residence, if in Baltimore, Give Street and Number. } 1053 W. Fayette St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH May 6th 1835

AGE 73 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Robert McIlhaney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Betty Lee

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mollie Golder

(Address) 1053 W. Fayette St

Filed 10/13 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12, 1905

I HEREBY CERTIFY, That I attended deceased from Dec. 9 1904 to Oct. 12 1905 that I last saw him alive on Oct. 11, 1905 and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

DURATION DAYS

Contributory (Primary) Tumor (Probably Cancerous) in abdomen DURATION 5 or 6 DAYS

(Signed) John Hood, M.D.

Address 630 N. Gilmor st.

Date October 12, 1905

Place of Burial London Park

Date Oct 14th

Undertaker Geo. [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16329

CERTIFICATE OF DEATH.

(Place of Death.) No. 18 S Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie C. Kissling

{Residence, if in Baltimore, Give Street and Number.} 18 S. Madeira st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 2 1899

AGE 9 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Kissling

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Louisa C. Streb

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant Louisa C. Kissling

(Address) 18 S. Madeira

Filed 10/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 7th 1908 to Octob 11th 1908

that I last saw her alive on Octob 11th 1908

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the Lungs

(DURATION) two DAYS

Contributory (Primary) Pneumonia

about two weeks (DURATION) DAYS

(Signed) Fredk A. Consadi M.D.

Address 2281 E. Baltimore St.

Date October 12th 1908

Place of Burial Holy Redeemer

Date Oct. 14 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16330

CERTIFICATE OF DEATH.

(Place of Death.) No. 1314 N. 20-th Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hallen M Gill,

{ Residence, if in Baltimore, Give Street and Number. } 131 West 20st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct. 3d. 1839

AGE: 69 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: Geo. R. H Leffler

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Ann Jane Smith

BIRTHPLACE OF MOTHER (State or country): Balto md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgeanna Leffler

(Address) 131 W. 20-St.

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 12 1908 to Oct 12 1908 that I last saw h[er] alive on Oct 12 1908, and that death occurred, on the date stated above, at 1.14 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) G. E. Hartzell M.D.

Address St Lukes Hospital

Date Oct 13 08. 1908

Place of Burial Mt Olivet

Date Oct. 14 1908

Undertaker E. W. Mitchell

Address 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16331

CERTIFICATE OF DEATH.

78

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr John J Beardsley

{ Residence, if in Baltimore, Give Street and Number. } 13 South Patuxent St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 49 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Newark N.J.

FULL NAME OF FATHER: Isaac B Beardsley

BIRTHPLACE OF FATHER (State or country): Patterson N.J.

MAIDEN NAME OF MOTHER: Martha Watson

BIRTHPLACE OF MOTHER (State or country): Brooklyn N.Y.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha B Beardsley

(Address) 2804 E Baltimore St

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 12 1908

I HEREBY CERTIFY, That I attended deceased from July 10 1908 to Oct 12 1908 that I last saw h.. alive on Oct 12 1908, and that death occurred, on the date stated above, at 11-15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of the heart

(DURATION) 5 DAYS

Contributory (Primary) Pericarditis with Effusion, Myocarditis (DURATION) 98 DAYS

(Signed) Lawrence Roth M.D.

Address University Hospital

Date Oct 12 1908

Place of Burial: Baltimore Cemetery

Date: October 15th 1908

Undertaker: Wm Cook

Address: 502 E Monument av

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16332

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Place of Death.) No. 593 N. Gay St.

Full Name Rose Fingerhut

{ Residence, if in Baltimore, Give Street and Number. } 593 N. Gay St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	Wh
DATE OF BIRTH	June 22 1886
AGE	22 years, months, days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	New York
FULL NAME OF FATHER	Max Fingerhut
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Lena Attell
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R Fingerhut

(Address) 593 N. Gay St

Filed 10/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to Oct 12 1908

that I last saw h[illegible] alive on Oct. 12 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ? DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Oct. 12, 1908

Place of Burial Hebrew Friendship

Date Oct 14 1908

Undertaker J. Adams & Co

Address 1607 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C16333

City of Baltimore, (No. 411, N Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis Raymond Gruber

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	July (Month) 18 (Day) 1889 (Year)
AGE	19 years, 2 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	William C. Gruber
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Jennie B. Rietberg
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Electr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C. Gruber

(Address) 411 N. Stricker St.

Filed 10/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1908 to Oct 12th 1908 that I last saw h[im] alive on Oct 12 1908, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Uraemia

Oct 11th (DURATION) 1 DAYS

Contributory Probably chronic Bright's

a few months (DURATION) DAYS

(Signed) Gilman F. Evans M. D.

Oct 12th 1908 (Address) 833 N Fulton ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 15 1908
UNDERTAKER	ADDRESS
Geo. Weber	1155 N. Carey

WM. J. C. DULANY CO., BALTIMORE

C16334

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1522 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emil Hecker

{Residence, if in Baltimore, Give Street and Number.} 1522 McElderry

Duration of Residence in Baltimore. 7 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 27 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Barnis Hecker

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Shore

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Hecker

(Address) 1522 McElderry

Filed Oct 13 1908 HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw him alive on 1908,

and that death occurred, on the date stated above, at 1223 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden) (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Jos. Sis Carullen M.D.

Address Coroner

Date Oct 13 1908

Place of Burial Helma Roundale

Date Oct 14 1908

Undertaker Max Lerner

Address 1620 E. Eldorado St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward

Registered No. [illegible]

CERTIFICATE OF DEATH.

C 16335

64

(Place of Death.) No. 1808 Ashland Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vaclav Cepek.

Residence, Give Street and Number, 1808 Ashland Ave

Duration of Residence in Baltimore, 30 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: April 16" 1853

AGE: 55 years, 6 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married

BIRTHPLACE (State or county): Bohemia

FULL NAME OF FATHER: John Cepek

BIRTHPLACE OF FATHER (State or county): Bohemia

MAIDEN NAME OF MOTHER: Marie Handler

BIRTHPLACE OF MOTHER (State or county): Bohemia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Cepek

(Address) 1808 Ashland Ave

Filed 10/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 12th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8 1908 to Oct 11 1908

that I last saw him alive on Oct 11 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy or Cerebral Hemorhage

(DURATION 5 DAYS)

Contributory (Primary) Hypertrophy of Heart and Atheroma (DURATION) DAYS

(Signed) Chas F Simms M. D.

Address 1015 N Wolfe St

Date Oct 13th 1908

Place of Burial Holy Cross Cem

Date Oct 14th 1908

Undertaker Geo M. Funk

Address 811 N Wolfe

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C16336 Registered No. C C16336

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name E. Lucien Lewis

Residence, Give Street and Number, 830 Whatcoat St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Col.

DATE OF BIRTH Unknown 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER Annie Smith

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Smith

(Address) 830 Whatcoat St.

Filed 10/14 1908

HARRY C. ADKINS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 11 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h .. alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Syphilis.

(DURATION) ..... DAYS

Contributory (Primary) Undetermined

(DURATION) ..... DAYS

(Signed) Sidney Baetzman M. D.

Address 900 N. Eutaw St

Date Oct 12 1908

Place of Burial

Date 190

Undertaker

Address

Remarks

North Dept Institution

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

963

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16337

14 r

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David H. Thompson

Residence, Give Street and Number, Boyds, Montgomery Co Md.

Duration of Residence in Baltimore, 14 days

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Feb - 17 1832

AGE 76 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Georgia Anderson

(Address) Boyds - Md -

Filed 10/14 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 14th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Oct 14 1908

that I last saw h... alive on Oct 14 1908

and that death occurred, on the date stated above, at 3 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Uremic intoxication.

(DURATION) DAYS

Contributory (Primary) Senile gangrene

(DURATION) DAYS

(Signed) S. H. Streett M. D.

Address Md Genl Hospital

Date Oct 14 1908

Place of Burial Boyds - Montgomery Co Md.

Date Oct - 15 - th 1908

Undertaker W W Gaithrop

Address Watts & Linderman

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C16338 Registered No. B C16338

150a

CERTIFICATE OF DEATH.

(Place of Death.) No. 631 N. Mulberry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Walters

{Residence, if in Baltimore, Give Street and Number.} 631 N. Mulberry St.

Duration of Residence in Baltimore. 1 mos. 15 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 28 1908

AGE: — years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: George Hobson.

BIRTHPLACE OF FATHER (State or country): Martinsburg W. Va

MAIDEN NAME OF MOTHER: May Walters.

BIRTHPLACE OF MOTHER (State or country): Harrisburg Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jetta Kalzen

(Address) 862 N. Howard St

Filed 10/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Oct 13 1908

that I last saw her alive on Oct 13 1908,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility.

— (DURATION) — DAYS

Contributory (Primary.) Hydrocephalus

(DURATION) DAYS

(Signed) B. P. Herzog M.D.

Address 1322 N. Stricker St

Date Oct 13th 1908

Place of Burial Old Methodist

Date Oct 14th 1908

Undertaker William H. Hagdon

Address 851 Lindsay ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C16339

Ward 20 C16339 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 333 Forrest Street S.W. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Dienstbier

{ Residence, if in Baltimore, Give Street and Number. } 333 Forrest Street S.W.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Sept 27 — 1886

AGE: 22 years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md.

FULL NAME OF FATHER: Michael George Dienstbier

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Elizabeth Arold

BIRTHPLACE OF MOTHER (State or country): Baltimore County Md.

OCCUPATION OF DECEASED: Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Dienstbier

(Address) 333 Forrest Street

Filed 10/16/ 1908 HENRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 — 1908

I HEREBY CERTIFY, That I attended deceased from December 1907 to Oct 11 — 1908

that I last saw her alive on Oct 11 — 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

1/2 1 hr (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 12 & 18 Mos DAYS

(Signed) Geo. W. Wahle M.D.

Address 1902 W. Baltimore St

Date October 12 — 1908

Place of Burial New Cathedral

Date Oct 15 " 1908

Undertaker N. S. Fink

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C16340

Ward 10 C16340 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1033 Wilcox St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Anthony McGinn

{Residence, if in Baltimore, Give Street and Number.} 1033 Wilcox St.

Duration of Residence in Baltimore. Life Time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Man | COLOR: wh

DATE OF BIRTH: Feb 18 1890

AGE: 18 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Patrick McGinn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Hand

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick McGinn

(Address) 1033 Wilcox st

Filed 10/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1908 to Oct. 12 1908

that I last saw him alive on Oct. 11 1908

and that death occurred, on the date stated above, at 9.45

M. CAUSE OF DEATH (Secondary or Immediate)

Asthma cardiac

(DURATION) 30 DAYS

Contributory (Primary) Tobacco Heart

(DURATION) 60 DAYS

(Signed) J. J. Lebald M.D.

Address 1081 Gilmor st.

Date Oct. 12 1908

Place of Burial Cathedral

Date Oct 15-11 1908

Undertaker Albert F Phillips

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C1634

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C1634

Registered No. B

City of Baltimore, (No. Beidler-Sellman Sanatorium St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
1724 N. Charles St.

[If death occurred in a Hospital or Institution give its NAME instead of street and number]

FULL NAME Helen Lossel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July (Month) 10th (Day) 1902 (Year)

AGE 6 years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Lossel

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Sophia Ellinghaus

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Lossel

(Address) 1017 N Washington St

Filed 10/14/05 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12th (Month) (Day) 190

I HEREBY CERTIFY, That I attended deceased from Oct 11 1904 to Oct 12 190

that I last saw h er alive on 10/12 1905

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Paralysis of respiration, Compression of brain

(DURATION) 5

Contributory Fracture base of skull operation (DURATION) DAYS

(Signed) Geo. W. Dorsett M.D.

10/12 190 5 (Address) 226 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1017 N Washington St How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Redeemer Cem | DATE OF BURIAL Oct 15th 190 5

UNDERTAKER Geo M. Frick | ADDRESS 811 N Howard St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C16342 — Registered No. C C16342

CERTIFICATE OF DEATH.

66

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barick Mickelson (Mickelson)

Residence, Give Street and Number, 240 N. Exeter St

Duration of Residence in Baltimore, 24 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX M — COLOR W.

DATE OF BIRTH —

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Numan Mickelson

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Elica Mickelson

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt. BAY VIEW ASYLUM.

(Address)

Filed 10/14 1908 HARRY C. ANDREWS Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 14 1908

I HEREBY CERTIFY, That I attended deceased from 6/29/08 1908 to Oct 14 1908 that I last saw h[im] alive on Oct 14 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis of Exhaust

(DURATION) DAYS

Contributory (Primary) Apoplexy

(DURATION) DAYS

(Signed) W. W. Baker M. D.

Address Bay View Asy

Date Oct 14 1908

Place of Burial Hebrew Boardale Cemetery

Date Oct. 15, 1908

Undertaker McLinnagan

Address 1520 [illegible] McElderry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C16343 Registered No. B C16343

CERTIFICATE OF DEATH. 18

(Place of Death.) No. 1303 McCulloh St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charlotte B Hughes

{ Residence, if in Baltimore, Give Street and Number. } 1303 McCulloh St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 28th 1827

AGE 81 years, 3 months, 15 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ ~~Widow~~

BIRTHPLACE (State or country) W Va

FULL NAME OF FATHER Alexandra Stephen

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Julia Chenowith

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Samuel O Williams

(Address) 1303 McCulloh

Filed 10/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13" 1908

I HEREBY CERTIFY, That I attended deceased from Sept 22" 1908 to Oct 13 1908 that I last saw h-- alive on Oct 12 1908, and that death occurred, on the date stated above, at 9.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of Intestines

(DURATION) 2 DAYS

Contributory (Primary.) Endocarditis & Bronchitis (DURATION) 19 DAYS

(Signed) Harry B Thomas M.D.

Address 1007 Cathedral St

Date Oct 13th 1908

Place of Burial Martinsburg W Va

Date October 15th 1908

Undertaker Stuart Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Henry B Thomas 1007 Cathedral

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C16344

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 718 Dolphin St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William H Harvey

Residence, Give Street and Number, 718 Dolphin

Duration of Residence in Baltimore, 56 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 21 1852

AGE: 56 years, 4 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Robt H Harvey

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Permelia Wallace

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo A Harvey

(Address) Philadelphia Pa

Filed 10/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 12th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1908 to Oct 12th 1908

that I last saw him alive on Oct 12th 1908

and that death occurred, on the date stated above, at 11 A M.

CAUSE OF DEATH (Secondary or Immediate,)

Uraemic Coma

(DURATION) 3 DAYS

Contributory (Primary) Chronic Interstitial nephritis (DURATION) — DAYS

(Signed) E B Freeman M. D.

Address 643 Columbia ave

Date 10/13 1908

Place of Burial Loudon Park

Date Oct 15th 1908

Undertaker Chas. E. Francis

Address 746 N Eutaw St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16345

C16345

50

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Fox

Residence, Give Street and Number, 2219 E. Chase Str.

Duration of Residence in Baltimore, 18 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH Mar 6th 1857

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Barbara Fox

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eddie Fox

(Address) 2219 E. Chase St.

Filed 10/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 13 1908 to Oct 13 1908 that I last saw h[im] alive on Oct 13 1908 and that death occurred, on the date stated above, at 2.15 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Diabetes

(DURATION) 30 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John F. Coughlin M. D.

Address St. Jos. Hospital

Date Oct 13 1908

Place of Burial St. Peters Cemetery

Date Oct. 15th 1908

Undertaker P. J. Swan

Address Baltimore Md

Remarks

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16346

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 346 Gerard Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha E Hardy

Residence, Give Street and Number, 346 Gerard Av

Duration of Residence in Baltimore, 6 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX f

COLOR w.

DATE OF BIRTH ..... 1 .....

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. married.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Alfred Vermillion

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Nellie Sheppard

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard F Hardy

(Address) 346 Gerard Av

Filed 10/14 190 8

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 13th 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 1 190 8 to Oct 13 190 8

that I last saw h[illegible] alive on Oct 12 190 8

and that death occurred, on the date stated above, at 5-45 A M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Gastritis (DURATION) 1 yr DAYS

Contributory (Primary) Heart Failure (DURATION) 10 hours DAYS

(Signed) A W Fry M. D.

Address 12 E 25th

Date Oct 13 190 8

Place of Burial Glendale Mines Garrett Co Md

Date Oct 15/08 190

Undertaker Wm Cook

Address 3026 E Baltimore

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 18

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16347

CERTIFICATE OF DEATH.

19

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Moran

Residence, Give Street and Number, 4½ Parkin St.

Duration of Residence in Baltimore, 1

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER John Moran

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Bridget Nicholis

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Moran

(Address) 1726 Mosher

Filed 10/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 10 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~

190 to ~~190~~

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

1 Edema Lung

Cardiac Lesion

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Emily Herron M. D.

Address 1039 Broadway

Date Oct 14 1908

Place of Burial St Peters

Date Oct 15 1908

Undertaker John J. Gosnell

Address 901 Hollins St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 16348

CERTIFICATE OF DEATH.

123

(Place of Death.) No. 1024 E. Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Marcus Denison

Residence, Give Street and Number, 1024 E. Charles St

Duration of Residence in Baltimore, All his life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: June 14th 1828

AGE: 80 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore City Md

FULL NAME OF FATHER: Marcus Denison

BIRTHPLACE OF FATHER (State or county): Baltimore Md.

MAIDEN NAME OF MOTHER: Mrs Roche

BIRTHPLACE OF MOTHER (State or county): England

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Marcus Denison

(Address) 210 E. Preston St.

Filed 10/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 12 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 12 1908 that I last saw him alive on Oct 12 1908 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis

(DURATION) 10 DAYS

Contributory (Primary) Chronic Cystitis.

15 Years. (DURATION) ~~DAYS~~

(Signed) H. Marcus Decker M. D.

Address 806 Cathedral Street

Date Oct 13 1908.

Place of Burial Greenmount

Date October 15th 1908

Undertaker Hellenstein & Son Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C16349 Registered No. B C16349

CERTIFICATE OF DEATH.

27

Place of Death.) No. 650 Vine Street St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Daniel T. White (Col'd)

{ Residence, if in Baltimore, Give Street and Number. } 650 Vine Street.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 55 ? years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John White

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Jones

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie White

(Address) 650 Vine St

Filed 10/15 1908 HARRY C. ANDREWS, CHIEF CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Ronald T. Leberecombe M.D.

Address Coroner

Date October 13 1908

Place of Burial Mt. Auburn Cemetery

Date October 15th 1908

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — *Registered No. B* C16350

C16350

CERTIFICATE OF DEATH.

40

(Place of Death.) *No.* 660 Pitcher *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Davis

{ Residence, if in Baltimore, Give Street and Number. } 660 Pitcher St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR white
DATE OF BIRTH Unknown	18
AGE 50 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	———
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	———
BIRTHPLACE OF MOTHER (State or country)	———
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hon Davis

(Address) 660 Pitcher St

Filed 10/17 1908 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Oct 12 1908 that I last saw her alive on Oct 12 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach & Liver

——— (DURATION) — DAYS

Contributory (Primary.) ——— ———

——— — (DURATION) — DAYS

(Signed) E. Miller Reid, M.D.

Address 904 N. Fremont Ave

Date Oct 13 1908

Place of Burial New Cathedral

Date Oct 15th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

C16351

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C16351

City of Baltimore, (No. 1035, Hillman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Kane

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov 11 (Month) (Day) 1906 (Year)

AGE: 1 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Patk Kane

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patk Kane

(Address) 1035 Hillman St

Filed 10/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 14 1908 that I last saw her alive on Oct 13 1908, and that death occurred, on the date stated above, at 1 a m. The CAUSE OF DEATH was as follows:

Double Pneumonia

(DURATION) 4 DAYS

Contributory

(DURATION) DAYS

(Signed) James M Fenton M. D.

Oct 14 1908 (Address) 700 Chase St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct 16 1908

UNDERTAKER: Mahon Fahey & Sons — ADDRESS: Lexington

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 Registered No. C 16352

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 870 Columbia ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmira V Myers

Residence, Give Street and Number, 870 Columbia ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH August 18 1908

AGE — years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Geo Myers

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER Elmira Howard

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Myers

(Address) 870 Columbia av

Filed 10/14 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18 1908 to Oct 13 1908 that I last saw h e alive on Oct 13 1908 and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

Life (DURATION) DAYS

Contributory (Primary) Enteritis

(DURATION) 1 DAYS

(Signed) Jos E. Imes M. D.

Address 855 Columbia av

Date Oct 13 1908

Place of Burial Mt Auburn

Date Oct 14. 1908

Undertaker W J Tickner & Son

Address Eastern Pkwy

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. C 16353

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Roberts

Residence, Give Street and Number, 1428 W Fayette st

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 5th 1887

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: Jos F. Roberts

BIRTHPLACE OF FATHER (State or county): Princess Anne

MAIDEN NAME OF MOTHER: Emma Scott

BIRTHPLACE OF MOTHER (State or county): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Emma Roberts

(Address) 1428 W Fayette st

Filed Oct 15th 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 13. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Effects of Carbolic acid taken by mistake

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Herbert C Blake M. D.

Address 1014 W La Fayette ave

Date Oct. 14 Coroner 1908

Place of Burial Loudan Park

Date Oct. 15th 1908

Undertaker E Madison Mitchell

Address 1201 W Fayette st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16354

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C16354

Registered No. B

City of Baltimore, (No. 825, Hoodley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth J Funk.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Wh
DATE OF BIRTH	July 18 1836 (Month) (Day) (Year)
AGE	72 years, 2 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Tator.
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Eliz. Talbot
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Funk.

(Address) 825 Hoodley St

Filed 10/15 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1908 to date 1908 that I last saw h-- alive on Oct 11 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Duration two Months

Malignant (DURATION) — DAYS

Contributory Arthritis

Malignant (DURATION) DAYS

(Signed) D. L. Jones M. D.

Oct 12 1908 (Address) 900 N. Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct 15 1908
UNDERTAKER	ADDRESS
J. E. Enright & Co	1922 Pulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — Registered No. B C16355

C16355

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline Langner (Langner)

{Residence, if in Baltimore, Give Street and Number.} 1007 E. Fort ave.

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan 12 1885

AGE: 23 years, 9 months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gottlieb Gaska

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emily Herbe

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwig Langner

(Address) 1007 E Fort ave.

Filed 10/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1908 to Oct. 13 1908 that I last saw h Er alive on Oct. 13 1908, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea.

(DURATION) DAYS

Contributory (Primary) Typhoid fever.

Pneumonia (DURATION) DAYS

(Signed) Wm Schmitz M.D.

Address City Hosp.

Date Oct. 13 1908

Place of Burial Cedar Hill

Date October 15th 1908

Undertaker Jos. Stuntebeck

Address 318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C16356 — Registered No. C C16356

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry A. Snyder

Residence, Give Street and Number, 915 Forrest St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: April 29th 1868

AGE: 40 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Joseph J. Snyder

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Sidonia Harmeyer

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie E. Snyder

(Address) 915 Forrest St

Filed 10/8 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 13th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 16th 1908 to Oct 12th 1908

that I last saw h[illegible] alive on Oct 12th 1908

and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis pulmonalis

(DURATION) ? DAYS

Contributory (Primary) Asthenia

(DURATION) ? DAYS

(Signed) C. M. C. Parker M. D.

Address 1051 Aisquith St

Date Oct 13th 1908

Place of Burial Holy Redeemer Cemetery

Date October 16th 1908

Undertaker Henry Hoede & Son

Address 1301 E Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16357

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 816 N Central Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Harmeyer

Residence, Give Street and Number, 816 N. Central Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Charles Stillman

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Laura Stillman

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John A. Harmeyer

(Address) 816 N. Central Ave

Filed 10/15 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 14th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 26th 1908 to Oct 14th 1908

that I last saw her alive on Oct 13th 1908

and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Mitral insufficiency

about 6 mos (DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) L. M. C. Tasker M. D.

Address 1051 Aisquith St

Date Oct 14th 08 1908

Place of Burial Mt. Carmel Cemetery

Date October 16 1908

Undertaker Henry Hurdle & Son

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5 — C16358 — Registered No. B C16358

CERTIFICATE OF DEATH.

(Place of Death.) No. 1231 N. High St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joe Sivus

{ Residence, if in Baltimore, Give Street and Number. } 123 N. High St.

Duration of Residence in Baltimore. Several weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Ike Sivus

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Lipsht

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Friedrich

(Address) 36 Lloyd st

Filed 10/15- 1908 HARRY C. ANDREWS, PEACE CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 . 14 . 1908

I HEREBY CERTIFY, That I attended deceased from 10 . 13 . 1908 to 10 . 14 . 1908 that I last saw him alive on 10 . 14 . 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Tuberculosis advanced. 4 years. (DURATION) ... DAYS

Contributory (Primary.) Cardiac

Asthenia (DURATION) ... DAYS

(Signed) D. C. Katzoff M.D.

Address 116 Asquith St.

Date 10. 15 1908.

Place of Burial: Hebrew. Boundale Cemetery

Date Oct. 15, 1908

Undertaker: Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C16359 — Registered No. C C16359

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 E. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew L. Ribley

Residence, Give Street and Number, 240 E Broadway

Duration of Residence in Baltimore, 43 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male — COLOR White

DATE OF ~~BIRTH~~ May 4 1865

AGE 61 years, — months, — days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER Thomas Ribley

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Virg. Thomas

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED Farmer's Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Ribley Jr

(Address) 13 E. Lombard St.

Filed 10/15 1908

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 14, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Oct. 14 1908

that I last saw him alive on Oct. 14 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis of the Heart

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M. D.

Address [illegible]

Date Oct. 15, 1908

Place of Burial Loudon Pk

Date Oct 17 1908

Undertaker Wm. Cook & Son

Address 1225 North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to make a certificate setting forth, (unless such information shall have been refused or cannot be ascertained,) the *full name, sex, age, condition* (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. C 16360 (C16360)

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 — St. Clifton Place

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant J. Mr & Mrs. J. F. Wilson

Residence, Give Street and Number, 1112 Clifton Place

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH: Oct 13th 1908

AGE: 7 hours. years, months, 5 Minutes days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: Jas. F. Wilson

BIRTHPLACE OF FATHER (State or county): Ohio

MAIDEN NAME OF MOTHER: Mary G. Bransford

BIRTHPLACE OF MOTHER (State or county): Ohio

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. Wilson

(Address) 1112 Clifton Place

Filed 10/13 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 13th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 13 1908 to Oct 13th 1908

that I last saw her alive on Oct 13th 1908

and that death occurred, on the date stated above, at 3 ~~30~~ A M. CAUSE OF DEATH (Secondary or Immediate,)

Mal-formation

(DURATION) DAYS

Contributory (Primary) Premature Birth (DURATION) DAYS

(Signed) G. M. Littenger M. D.

Address 127 E. North

Date Oct. 13th 1908

Place of Burial COLLEGE OF P. & S.

Date OCT 14 1908 ✓ 1908

Undertaker

Address

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C16361 — Registered No. B C16361 / 1

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Kocher

{ Residence, if in Baltimore, Give Street and Number. } 2124 Eutaw Terrace

Duration of Residence in Baltimore... 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 13 1888
AGE	20 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Hungaria
FULL NAME OF FATHER	John Kocher
BIRTHPLACE OF FATHER (State or country)	Hungaria
MAIDEN NAME OF MOTHER	Theresa Kasler
BIRTHPLACE OF MOTHER (State or country)	Hungaria
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kocher

(Address) 1412 Hanbert St

Filed 10/15- 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 6th 1908 to Oct. 14th 1908 that I last saw her alive on Oct. 14th 1908, and that death occurred, on the date stated above, at 5.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Perforation

(DURATION) DAYS

Contributory (Primary) Typhoid Fever.

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Oct. 14th 1908

Place of Burial Holy Cross

Date Oct- 15- 1908

Undertaker Robt J. Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16362

Ward 4 C16362 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 212 N. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Blake

{Residence, if in Baltimore, Give Street and Number.} 212 North Paca St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 21" 1836

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John W. Blake

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret A. Flynn

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Blake

(Address) 839 E. Eager St.

Filed 10/15-8 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1908

I HEREBY CERTIFY, That I attended deceased from July 1906 to Oct 13 1908 that I last saw h[e] alive on Oct 12 1908, and that death occurred, on the date stated above, at 12[30] [A].M. CAUSE OF DEATH (Secondary or Immediate) Asthma with mitral degeneration of heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. R. Stedman M.D.

Address 5 E. Biddle St

Date Oct 14 1908

Place of Burial Cathedral Cemetery

Date October 17" 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C16363

Registered No. B

City of Baltimore, (No. 835, Mechanics Court St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susanna Luckett (Luckett)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Barrett

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susan Barrett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Barrett

(Address) 1418 E Lexington st

Filed 10/15 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 14th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 25 1908 to Oct 14 1908

that I last saw her alive on Oct 13 1908,

and that death occurred, on the date stated above, at 12.30 A. M. The CAUSE OF DEATH was as follows:

Heart Disease and Pulmonary Tuberculosis

13 months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W. H. Peace M. D.

Oct 14 1908 (Address) 2105 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 17th 1908

UNDERTAKER: R N Ellett

ADDRESS: 506 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C16364

Ward 19th

C16364 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1324 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta Hall

{Residence, if in Baltimore, Give Street and Number.} 1324 Orleans St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Hall

(Address) 1324 Orleans St

Filed 10/15 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 12 1908

that I last saw h alive on Oct 11 1908

and that death occurred, on the date stated above, at 10:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro-pneumonia

Contributory (Primary) Cardiac respiratory failure.

(DURATION) 8 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) G. G. Rinehart M.D.

Address 2000 E. Baltimore

Date Oct 13 1908

Place of Burial Laurel

Date Oct 14 1908

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C16365 Registered No. C16365

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Park Place, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fletcher Parlett,

Residence, Give Street and Number, 1617 Park Place,

Duration of Residence in Baltimore, 55 Years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH March 1st 1853

AGE 55 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore, Md

FULL NAME OF FATHER Benjamin F. Parlett,

BIRTHPLACE OF FATHER (State or county) Baltimore, Md.

MAIDEN NAME OF MOTHER Mary E. Taylor.

BIRTHPLACE OF MOTHER (State or county) Baltimore, Md.

OCCUPATION OF DECEASED Retired Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin F. Parlett

(Address) Easton, Md

Filed 10/15 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 14th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 12th 1908 to Oct 14th 1908

that I last saw h in alive on Oct 14 1908

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Haemorrhage

(DURATION) 2 DAYS

Contributory (Primary) Interstitial Nephritis. (DURATION) 2 years. DAYS

(Signed) C. B. Gunning M. D.

Address 240 E. Biddle St.

Date Oct 14th 1908

Place of Burial Druid Ridge Cem

Date Oct 16th 1908

Undertaker H. L. Jenkins Sons Co.

Address 308 N. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C16366 — Registered No. C C16366

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jackson Halland

Residence, Give Street and Number, 1305 Linden Ave.

Duration of Residence in Baltimore, 62 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male — COLOR White

DATE OF BIRTH June 13 1832

AGE 76 years, 11 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married

BIRTHPLACE (State or county) Somerset Co. Md.

FULL NAME OF FATHER Noah Halland

BIRTHPLACE OF FATHER (State or county) Somerset Co.

MAIDEN NAME OF MOTHER Esther Ann Powell

BIRTHPLACE OF MOTHER (State or county) Somerset Co.

OCCUPATION OF DECEASED Architect & Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frieda J. Halland

(Address) 1305 Linden Ave

Filed 10/15 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 13 - 9 P.M. 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Oct 13 1908

that I last saw him alive on Oct 13 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

two months (DURATION) 7 DAYS

Contributory (Primary) Carcinoma of Prostate & Bladder (DURATION) 67 DAYS

(Signed) M. A. V. Smith M. D.

Address Md. Gen. Hospital

Date Oct 13 1908

Place of Burial Gr Evergreen

Date Oct 16th 1908

Undertaker Hitchenkins Sons Co

Address 300 N. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C16367 Registered No. C C16367

32

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Lankford

Residence, Give Street and Number, ~

Duration of Residence in Baltimore, ~

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR B.

DATE OF BIRTH ~

AGE 25 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER ~

BIRTHPLACE OF FATHER (State or county) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or county) ~

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/15 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Oct 13 1908

that I last saw h w alive on Oct 13 1908

and that death occurred, on the date stated above, at 11 50 M.

CAUSE OF DEATH (Secondary or Immediate,)

Sepsis or Exhaustion ~

(DURATION) 1/4 DAYS

Contributory (Primary) Tuberculosis Abscess of Hip ~

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Oct 13 1908

COLLEGE OF P. & S.

Place of Burial

Date OCT 14 1908 1908

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

21 5

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C16368 — Registered No. B C16368

CERTIFICATE OF DEATH.

15-8

(Place of Death.) No. Fort Jackson Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Kaplan

{ Residence, if in Baltimore, Give Street and Number. } 1638 Madison ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Kaplan

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Mooney

(Address) 930 N. Hurkart

Filed 10/12-5 190.. HARRY C. ARDEN, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190.. to — 190..

that I last saw h.. alive on .. 190..

and that death occurred, on the date stated above, at ..

..M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by Drowning

(DURATION) .. DAYS

Contributory (Primary.) ..

(DURATION) .. DAYS

(Signed) Thomas Sadler Comm M.D.

Address 320 ½ Greene St

Date Oct 13 1908

Place of Burial Holy Redeemer

Date Oct 15 1908

Undertaker Frank Brockman Son

Address 1904 Oakland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16369

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf and Asy Lunn St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Madison

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed 10/15 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 13 190

I HEREBY CERTIFY, That I attended deceased from Oct. 1 190 8 to Oct. 13 190

that I last saw h alive on Oct. 13 190 8

and that death occurred, on the date stated above, at 4

P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 14 190

Place of Burial New Cathedral

Date Oct. 15 190

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16370

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dakatie McDonald

Residence, Give Street and Number, St Vincents Inf Asy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR F.

DATE OF BIRTH 1908

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address) .....

Filed 10/16 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct 14 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 14 1908

Place of Burial New Cathedral

Date Oct. 15 1908

Undertaker Martin Fahey & Son

Address 600 Lafayette ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 16371

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name, John Lexington

Residence, Give Street and Number, St Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR N.

DATE OF BIRTH 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 10/15 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

Remarks .....

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 13 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct. 13 1908

that I last saw h in alive on Oct. 13 1908

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 14 1908

Place of Burial New Cathedral

Date Oct. 15 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C16372

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16372

15

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Johns.

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR C.

DATE OF BIRTH 1908

AGE ..... years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 10/15 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct. 13 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John B Manning M. D.

Address St Vincents Hospital

Date Oct. 14 1908

Place of Burial Sun Calhedral

Date Oct. 15 1908

Undertaker Martin Fahey Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16373 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C C16373 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1281 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bridget McMahon

Residence, Give Street and Number, 1281 Battery Ave.

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH — — 1828

AGE 80 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER Peter McMahon.

BIRTHPLACE OF FATHER (State or county) Ireland.

MAIDEN NAME OF MOTHER Mary Kelly.

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Nurse.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter McMahon

(Address) 1281 Battery Ave.

Filed 10/15 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 14th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1908 to Oct 14th 1908 that I last saw h[er] alive on Oct 13th 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

old age

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. J. O'Donnell M. D.

Address 1320 Scholar C

Date October 15th 1908

Place of Burial Cathedral Cemetery

Date October 16 1908

Undertaker L. C. and M. L. Filgner

Address 42 E. West St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW ON THE SUBJECT ON THE REVERSE SIDE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. C C16374

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Connolly (Connolly)

Residence, Give Street and Number, 918 W Baltimore St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH July 1885

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Wm Connolly

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Ann Lennon

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Moran

(Address) Bank & Ann Sts.

Filed 10/10 1908

HARRY C. ARCHER PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept 25 1908 to Oct 13 1908

that I last saw h~~im~~alive on Sept 13 1908

and that death occurred, on the date stated above, at 11-30 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Endocarditis & Chronic Interstitial nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. C. Wilkinson M. D.

Address St Josephs Hospital

Date Oct 13. 08 190

Place of Burial Green Mount Cem.

Date Oct 14th 1908

Undertaker Jno. J. Moran

Address Bank & Ann Sts

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C16375 — Registered No. B 1

C16375

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Podzimek

{ Residence, if in Baltimore, Give Street and Number. } 1641 Barnes st

Duration of Residence in Baltimore. 19 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Anton Podzimek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Podzimek

(Address) 1641 Barnes st

Filed 10/16 1908 Registrar

HARRY C. ADDISON, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Oct 16 1908

that I last saw h.. in alive on Oct 16 1908,

and that death occurred, on the date stated above, at 1.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 4 hrs DAYS

Contributory (Primary.) Typhoid Fever.

(DURATION) 42 DAYS

(Signed) L. H. Steinder M.D.

Address Hebrew Hospital

Date Oct 16 1908

Place of Burial Holy Redeemer

Date Oct 17 1908

Undertaker Grant Coach & Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C16376

C16376

Ward 9 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 N. Glover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna M Miller

{Residence, if in Baltimore, Give Street and Number.} 5 N. Glover st

Duration of Residence in Baltimore. 13 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Josef Bittman

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Ryncka

(Address) 5 Glover st

Filed 10/16 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14 1908

I HEREBY CERTIFY, That I attended deceased from August 11 1908 to October 14 1908 that I last saw her alive on October 14 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

old age & general debility, & uraemia & declining strength

Contributory (Primary.) old age

Senile insanity (DURATION) DAYS

(Signed) R. T. Hardy M.D.

Address 1902 Bank St

Date October 15 1908

Place of Burial Oak Hill

Date Oct 16 1908

Undertaker Funk Brothers

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C16377 Registered No. B C16377

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 N. Bond St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addie Neal

{ Residence, if in Baltimore, Give Street and Number. } 222 N. Bond.

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Neal

(Address) 222 N Bond

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4 30 P. M. CAUSE OF DEATH (Secondary or Immediate

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jno Jos Carruthers M.D.

Address Coroners Office

Date Oct 15 1908

Place of Burial Laurel Cemetery

Date Oct 17 1908

Undertaker R St E Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

C16378

Ward 17

Registered No. C 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 567 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Sample

Residence, Give Street and Number, 567 Oxford St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Afr Am

DATE OF BIRTH: Aug. 29th. 1908

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto. City

FULL NAME OF FATHER: Wesley Sample

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER: Lucinda Sample

BIRTHPLACE OF MOTHER (State or county): Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbert Sample

(Address) 567 Oxford St

Filed 10/16 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 14th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 11th 1908 to Oct. 14th 1908

that I last saw him alive on Oct. 11th 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro-enteritis

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. Lee Ellis M. D.

Address 822 Madison Ave

Date 10/15 1908.

Place of Burial Laurel Cemetery

Date Oct 17. 1908

Undertaker R. St. Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE REVERSE SIDE.

Ward 3

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16379

CERTIFICATE OF DEATH.

112

(Place of Death.) No. 1505 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Finn

Residence, Give Street and Number, 1505 Bank, st

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: 1

AGE: 48 years, 10 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. M.

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: John Finn

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Catharine Bernard

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. Esslinger

(Address) 1507 Bank St.

Filed 10/16 1908

HENRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 14" 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to Oct. 14 1908

that I last saw h~~im~~ alive on October 13 1908

and that death occurred, on the date stated above, at 12.55 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cirrhis's Liver

Exhaustion

(DURATION) 4mo. 10 DAYS

Contributory (Primary) Cirrhosis Liver

(DURATION) 6mo. DAYS

(Signed) Pierre E. Dausel M. D.

Address 121 Jackson Square

Date Oct. 16 1908

Place of Burial Holy Redeemer

Date Oct. 17th 1908

Undertaker ~~W. Dilkes~~ Dilkes & Son

Address 330 S. Bond.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

C16380

Ward ~

Registered No. C ~

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L Bruce

Residence, Give Street and Number, ~

Duration of Residence in Baltimore. ~

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M
COLOR	B
DATE OF BIRTH	~
AGE	80 years, ~ months, ~ days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	W
BIRTHPLACE (State or county)	Md.
FULL NAME OF FATHER	~
BIRTHPLACE OF FATHER (State or county)	~
MAIDEN NAME OF MOTHER	~
BIRTHPLACE OF MOTHER (State or county)	~
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/16 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 15 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Oct 15 1908

that I last saw h~ alive on Oct 15 1908

and that death occurred, on the date stated above, at 6 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion ~

(DURATION) 18 DAYS

Contributory (Primary) Pneumonia

(DURATION) ~ DAYS

(Signed) W T Baker M. D.

Address Bay View Asylum

Date Oct 15 1908

Place of Burial COLLEGE OF P. & S.

Date OCT 15 1908 190~

Undertaker G. L. Harley

Address 981 N. Mount St

Remarks ~

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

105

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16381

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2623 Florence St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter A Stimmell

Residence, Give Street and Number, 2623 Florence

Duration of Residence in Baltimore, 29 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: October 29 1879

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Carroll Co

FULL NAME OF FATHER: Columbia Stimmell

BIRTHPLACE OF FATHER (State or county): Carroll Co

MAIDEN NAME OF MOTHER: Anna E. Boffio,

BIRTHPLACE OF MOTHER (State or county): Carroll Co

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma A Haensler

(Address) 2545 Woodbrook Ave

Filed 10/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 15th 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Oct 15 1908

that I last saw h— alive on Oct. 15 1908

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) 8-9 Mos

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) L D Grey M. D.

Address 2466 Druid Hill Ave

Date Oct. 15th 1908

Place of Burial London Park ✓

Date October 17 1908

Undertaker Wm Cook

Address 502 E North ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

C16382 Registered No. B C16382

27

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Dunning

{Residence, if in Baltimore, Give Street and Number.} Garland Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~Age 53~~ 1

AGE 53 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Brookland N Y.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/16 1908 (HARRY C. ANDREWS) Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6 1908 to Oct 14 1908 that I last saw him alive on Oct 14 1908, and that death occurred, on the date stated above, at 2.15 a.m. CAUSE OF DEATH (Secondary or Immediate) Cardiac + respiratory exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Tuberculosis of Rt Lung

left apex + Dysentery (DURATION) 45 DAYS

(Signed) Laurence Roth M.D.

Address University Hospital

Date Oct 15 1908

Place of Burial COLLEGE OF P. & S. Commissioner Health

Date 190

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

READ THE LAW PRINTED ON THE MARGIN. C16383 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C C16383 92

CERTIFICATE OF DEATH.

(Place of Death.) No. #20 E Lexington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Josephine Turner.

Residence, Give Street and Number, #20 E Lexington St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	Black

DATE OF BIRTH January ? 1908

AGE — years, 9 months, ? days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) #20 E. Lexington St

FULL NAME OF FATHER Henry Smith.

BIRTHPLACE OF FATHER (State or county) Balto -

MAIDEN NAME OF MOTHER Josephine Turner

BIRTHPLACE OF MOTHER (State or county) Balto -

OCCUPATION OF DECEASED " nursing "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/16 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 14th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 13th 1908 to Oct 14th 1908

that I last saw her alive on Oct 14th 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition a

(DURATION) 9 DAYS

Contributory (Primary) Bronchitis -

(DURATION) 4 DAYS

(Signed) G. H. Burhans M. D.

Address 222 E. Lexington St

Date Oct 16th 1908

COLLEGE OF P. & S. OCT 17 1908

Place of Burial

Date 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

205

Ward 14 C16384 Registered No. B C16384

CERTIFICATE OF DEATH

151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Amanda Hilken

{ Residence, if in Baltimore, Give Street and Number. } Stewardess on S.S. "Hannover" (N.G.L.S.S. Co)

Duration of Residence in Baltimore. 10 days

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR wh.

DATE OF BIRTH September 27 1908

AGE — years, — months, 12 days

SINGLE, ~~MARRIED~~ ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) S.S. "Hannover" en route to Baltimore

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 1908 to Oct 9 1908

that I last saw her alive on Oct 9 1908,

and that death occurred, on the date stated above, at 1 =

M. CAUSE OF DEATH (Secondary or Immediate)

Duration

(DURATION) DAYS

Contributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date Oct. 9, 1908

Place of Burial .....

Date ..... 190 ...

Undertaker .....

Address .....

JOHNS HOPKINS HOSPITAL OCT 15 1908 Commissioner Health. Per Wm. E. Woodall

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Vol

Ward 18 C16385 Registered No. B C16385

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladys Gray

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 28 1908

AGE: ..... years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 10/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 10 1908

I HEREBY CERTIFY, That I attended deceased from July 25 1908 to Oct 10 1908 that I last saw her alive on Oct 10 1908 and that death occurred, on the date stated above, at 1 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. F. Burton, M.D.

Address 222 E. Cross St

Date Oct 11 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 15 1908 1908

Commissioner Health.

Undertaker

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C16386 Registered No. B C16386

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 North Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward W. Burbage

{Residence, if in Baltimore, Give Street and Number.} 1018 N. Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 1, 1901

AGE 7 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Edward W. Burbage

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rosa B. Waters

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa B. Burbage

(Address) 1018 N. Bond St

Filed 10/16 1908 HARRY C. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Oct 15 1908 that I last saw him alive on Oct 15 1908, and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.) Meningitis.

(DURATION) DAYS

(Signed) Geo Young M.D.

Address 1735 E. Baltimore

Date Oct 16 1908

Place of Burial Baltimore Cemetery

Date Oct 18, 1908

Undertaker Zickler & Zickler

Address 1739 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C16387 Registered No. B C16387

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 Colvin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Cornelli

{Residence, if in Baltimore, Give Street and Number.} 521 Colvin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 14th 1908

AGE ....years, ...months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. C. Cornelli

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER C. Saia

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Cornelli

(Address) 521 Colvin St.

Filed 10/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1908 to Oct. 15th 1908

that I last saw him alive on Oct 15th 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary) Premature Birth

(DURATION) DAYS

(Signed) John Latrick M.D.

Address #936 E. Monument St.

Date Oct. 15th 1908

Place of Burial Mt. Holly Reformed

Date October 16th 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16388

Ward 3 C16388 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 S Caroline st- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel- Pevensteen

{Residence, if in Baltimore, Give Street and Number.} 208 Caroline st-

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER David Salman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Boby Gold.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Weinstein

(Address) 208 S Caroline st

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 = 1908

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h~ alive on ~ 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Comm. M.D.

Address 320 N Greene st.

Date 190

Place of Burial Sinai Roundale Cemetery

Date Oct. 16, 1908

Undertaker Max Levinson

Address ~~Lots~~ 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C16389 Registered No. B C16389 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1008 N Mount St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name E Milton Spies Wells

{Residence, if in Baltimore, Give Street and Number.} 1008 N Mount St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Aug. 28 1907

AGE 1 years, 1 months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER E. Milton Wells

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary H. Spies

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Milton Wells

(Address) 1008 N Mount St

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15. 1908

I HEREBY CERTIFY, That I attended deceased from Sept 29 1908 to Oct 15 1908 that I last saw him alive on Oct 14 1908, and that death occurred, on the date stated above, at 9a M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

(DURATION) 10 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 20 DAYS

(Signed) Theodore Lentz M.D.

Address 914 N Charles St

Date Oct 16 1908

Place of Burial London Park

Date Oct 16 1908

Undertaker Chas. E. Francis

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C16390 Registered No. B C16390

CERTIFICATE OF DEATH.

Place of Death.) No. 225 N. Poppleton St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Timothy Cloney

{ Residence, if in Baltimore, Give Street and Number. } 225 N. Poppleton St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	50 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Indiana
FULL NAME OF FATHER	Martin Cloney
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Stewart
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Scrudds

(Address) 1200 W. Lombard

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1908

I HEREBY CERTIFY, That I attended deceased from August 1908 to Oct 13 1908 that I last saw h— alive on Oct 13 1908 and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate

Organic Die. of Heart

3 mos (DURATION) DA

Contributory (Primary.) Asthenia

2 wks (DURATION) DA

(Signed) V. L Norwood M.

Address 939 W Fayette St

Date Oct 14 1908

Place of Burial New Cathedral

Date Oct 17th 1908

Undertaker John Scrudds

Address 1200 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ....

Registered No. C C16391

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Emma~~ Mary Woodland

Residence, Give Street and Number, 324 Eutaw St.

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: Col.

DATE OF BIRTH: — — — 1

AGE: 1 years, 2 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: John. Woodland

BIRTHPLACE OF FATHER (State or county): Balto, Md.

MAIDEN NAME OF MOTHER: Izera Covington.

BIRTHPLACE OF MOTHER (State or county): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Woodland

(Address) 324 Eutaw Court.

Filed 10/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 15 1908

I HEREBY CERTIFY, That I attended deceased from Sept 4 1908 to Oct 15 1908

that I last saw h alive on Oct 14 1908

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion (DURATION) 10 DAYS

Contributory (Primary) Chronic Gastritis (DURATION) 38 DAYS

(Signed) Robt. O. Blake M.D.

Address 611-613 Gaither Bldg

Date Oct 15 1908

Place of Burial Cathedral Cemetery

Date Oct. 18th 1908

Undertaker Felix. P. Pyle.

Address 102. E Mulberry St.

Remarks ....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16392

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C16392

Registered No. B

City of Baltimore, (No. 306 S. Monroe St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. Peter De Hoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: April (Month) 4 (Day) 1843 (Year)
AGE: 65 years, 6 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Md.
FULL NAME OF FATHER: Jessie De Hoff
BIRTHPLACE OF FATHER (State or country): Md.
MAIDEN NAME OF MOTHER: Sarah Gerlen
BIRTHPLACE OF MOTHER (State or country): Md.
OCCUPATION OF DECEASED: Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie De Hoff
(Address) 306 S Monroe St

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1908 to Oct 14th 1908 that I last saw h[im] alive on " " 1908, and that death occurred, on the date stated above, at 9 30 M. The CAUSE OF DEATH was as follows:

Brights Disease ?

(DURATION) 1 DAYS

Contributory

(DURATION) DAYS

Signed Chas A Montemuro M. D.
Oct 15th 1908 (Address) 135 N Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lorraine Cem
DATE OF BURIAL: Oct 17 1908
UNDERTAKER: J. B. Cook
ADDRESS: 1003 N Broad

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 — C16393 — Registered No. B C16393

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2510 Guilford Ave- St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Marie Rigg Mackill-

{ Residence, if in Baltimore, Give Street and Number. } 2510 Guilford Ave-

Duration of Residence in Baltimore. Life-

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH January 3d Th 1886

AGE 22 years, 8 months, 16- days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing Le-

BIRTHPLACE (State or country) Baltimore-

FULL NAME OF FATHER Robert Henry Mackill-

BIRTHPLACE OF FATHER (State or country) Frederick Md-

MAIDEN NAME OF MOTHER Evie Rigg Mackill-

BIRTHPLACE OF MOTHER (State or country) Frederick Md-

OCCUPATION OF DECEASED None-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lloyd J McGill

(Address) 2510 - Guilford Ave

Filed 10/16 1908 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 Th 1908-

I HEREBY CERTIFY, That I attended deceased from September 1907 to Oct 14 Th 1908- that I last saw her alive on Oct 14 Th 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema-

(DURATION) 1 DAYS

Contributory (Primary.) Phthisis

(DURATION) 14 mos

(Signed) Hugh W. Brent- M.D.

Address 2124 Maryland Ave-

Date Oct 14 Th 1908-

Place of Burial Woodlawn Cem

Date October 16, 1908

Undertaker Jos B Cook

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whencver any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

65

CERTIFICATE OF DEATH.

Registered No. B C16394

City of Baltimore, (No. 2631 St. Paul St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grow. Ledley (Ledley)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: July (Month) 20 (Day) 1833 (Year)

AGE: 75 years, 2 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Daniel H Ledley.

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Annie A Redman

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Brick Mfg.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Olivia A Ledley

(Address) 2631 St Paul St

Filed 10/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Oct 15 1908 that I last saw h[illegible] alive on Oct 15 1908, and that death occurred, on the date stated above, at 12.55 P. M. The CAUSE OF DEATH was as follows:

Softening Brain

3 years (DURATION) DAYS

Contributory Arterio sclerosis

[illegible] (DURATION) DAYS

(Signed) [illegible] M. D.

Oct 15 1908 (Address) 118 E North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 17 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

C16395

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16395

City of Baltimore, (No. 6 N. Oliver St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emmett Condoff.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 12 1847
(Month) (Day) (Year)

AGE 61 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Middlesex Co Va.

FULL NAME OF FATHER William Jackson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sarah Hillyard

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa M Wilson

(Address) #6 W Oliver St

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14, 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sep 22 1908 to Oct 14 1908

that I last saw her alive on Oct 14 1908,

and that death occurred, on the date stated above, at 12 30 PM

The CAUSE OF DEATH was as follows:

Apoplexy
R. Hemiplegia

(DURATION) 23 DAYS

Contributory Duantum

(DURATION) DAYS

(Signed) John L. Abercrombie M. D.

Oct 14 1908 (Address) 827 N Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Oct 16 1908
UNDERTAKER	ADDRESS
Jos B Cook	1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW ON REVERSE SIDE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. C C16396

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E. Minnis

Residence, Give Street and Number, 657 N. Lexington St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Dec. 24 1881

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER John Minnis

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Margaret Ann Parker

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Minnis

(Address) 657 N. Lexington St.

Filed 10/16 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 15 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide

(DURATION) DAYS

Contributory (Primary) Wound Carbolic Acid

(DURATION) DAYS

(Signed) Sig. Bachmann M. D.

Address 706 N. Eutaw Corner.

Date Oct. 16 1908.

Place of Burial Mt. Auburn Cem

Date Oct 18th 1908

Undertaker Wm. H. Elwood & Son

Address 400 Mosher St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C16397 Registered No. B C16397

CERTIFICATE OF DEATH.

(Place of Death.) No. 1824 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Albert Hoffman

{ Residence, if in Baltimore, Give Street and Number. } 1824 Mc Henry St

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Jan 24 1908

AGE — years, 8 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Edward Dorsey Hoffman

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Annie Virginia Wilder

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Allen Hoffman

(Address) 1927 Wilhelm St

Filed 10/16 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 15 1908 that I last saw him alive on Oct 14 1908, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis & Pneumonia (lobar)

(DURATION) 4 DAYS

Contributory (Primary.) Exhaustion from Malnutrition (DURATION) 7 DAYS

(Signed) T. Ellwood Jr. M.D.

Address 2015 Eutaw Ave

Date Oct 15th 1908

Place of Burial Mount Olivet

Date Oct 16 " 1908

Undertaker N. S. Finch

Address 2113 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 44

Registered No. C 16398

23

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Billie Turner

Residence, Give Street and Number, Inglside, Maryland

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Black

DATE OF BIRTH 1846

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hospital

(Address) Ft Calvert St

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 13 1908 to Oct. 15 1908

that I last saw him alive on Oct. 15 1908

and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

Contributory (Primary) Hydrophobia (DURATION) DAYS

(DURATION) DAYS

(Signed) Wm. Schmeck M. D.

Address City Hospital

Date Oct. 15 1908

Place of Burial Barclay, Md. Queen Anne Co

Date Oct - 16 - 1908

Undertaker W. D. McCauley

Address 910 E. Fayette St

Remarks Bit on the finger by a dog a.d.s.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16399

Registered No. B

City of Baltimore, (No. S W corner (Home for Aged & M. E. Church) Franklin & Fulton Aves. St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anne Lankford

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Sept 24 1819
AGE	89 years, 1 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E R Meuschaw

(Address) Franklin & Fulton

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 16 1908

that I last saw her alive on Oct 15 1908,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory Arteriosclerosis

(DURATION) — DAYS

(Signed) H Allen E Burbank M. D.

Oct 16 1908 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... Yes

PLACE OF BURIAL OR REMOVAL: Oxford, Md. DATE OF BURIAL: Oct 17, 1908

UNDERTAKER: Geo J Smith Co. ADDRESS: 1000 West Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C16400 Registered No. B C16400

179

CERTIFICATE OF DEATH.

(Place of Death.) No. N E Cor Elliott + Patapsco St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)
(2900)

Full Name Marie Jacobs

{ Residence, if in Baltimore, Give Street and Number. } N E Cor Elliott + Patapsco St (2900)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 29 1907

AGE ..... years, 0 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Albert Jacobs

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Marie Henken

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Jacobs

(Address) N E Elliot - Patapsco

Filed 10/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14 1908 to Oct 14 1908 that I last saw h— alive on Oct 14 1908, and that death occurred, on the date stated above, at 6— A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 10 ~~DAYS~~

Con'ributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) A L Long M.D.

Address 2429 Fait Ave

Date Oct 15 1908

Place of Burial Mt Carmel

Date Oct 17 1908

Undertaker H. Sauter & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C16401 Registered No. C

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Myrtle L Shirley

Residence, Give Street and Number, 1207 Hanover St

Duration of Residence in Baltimore, 27 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 6 th 1880

AGE: 27 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Charles J Parsons

BIRTHPLACE OF FATHER (State or county): Balto Md

MAIDEN NAME OF MOTHER: ~~Kelly~~ E Rothel

BIRTHPLACE OF MOTHER (State or county): Balto MD

OCCUPATION OF DECEASED: Hs

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Groffin

(Address) 1407 Hanover St

Filed 10/16 1908 HARRY C. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14. 1908 to Oct 15 1908

that I last saw her alive on Oct 15 1908

and that death occurred, on the date stated above, at 10.30 a M. CAUSE OF DEATH (Secondary or Immediate,)

Uremia

(DURATION) 1 DAYS

Contributory (Primary) Nephritis

Unknown (DURATION) DAYS

(Signed) J. F. Williams M. D.

Address Md. Gen'l Hospital

Date Oct. 15 1908.

Place of Burial Druid Ridge

Date Oct 17 1908

Undertaker Sam E Hanke

Address 1422 Pennsylvania

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16402

Ward 7

C16402 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1129 Clarkson Al ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotta Jones

{Residence, if in Baltimore, Give Street and Number.} 1129 Clarkson Al

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dont know

AGE 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jorge W Bowley

(Address) 1129 Clarkson St

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Sto M Feinhardt M.D.

Coroner

Address

Date October 16 1908

Place of Burial COLLEGE OF P. & S. OCT 16 1908

Date 190

Undertaker Commissioner Health, Per Wm. E. WORDALL.

Address City to bury FOR ALL OFFICIAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C16403 Registered No. B C16403

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Timothy Conroy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 12 1908

AGE: years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1908 to Oct. 16 1908 that I last saw him alive on Oct. 16 1908, and that death occurred, on the date stated above, at 4 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. L. Burton M.D.

Address 222 E. Cross St

Date October 16 1908

Place of Burial

Date OCT 16 1908

Undertaker

Address

COLLEGE OF PHYSICIANS & SURGEONS Commissioners Room Pass No. FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

207

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16404

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

27

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C16404

Registered No. B.....

City of Baltimore, (No. 1411, N. Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eva Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B.

DATE OF BIRTH: Jan (Month) 27 (Day) 1888 (Year)

AGE: 20 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: David Jones

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Dorsey

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Jones

(Address) 1411 Mount st.

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 7 1908 to Oct 14 1908 that I last saw h[illegible] alive on Oct 14 1908, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 6 DAYS

Contributory Tuberculosis of lungs

(DURATION) ? DAYS

(Signed) Edward Stonesifer M. D.

Oct 15 1908 (Address) 1655 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Mt Moriah

DATE OF BURIAL: Oct 17 1908

UNDERTAKER: E. J. Johnson

ADDRESS: 664 Baker st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 Registered No. C 78

CERTIFICATE OF DEATH.

Perrone C16405

(Place of Death.) No. 600 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Guiseppe Pirrone

Residence, Give Street and Number, 600 S. Paca

Duration of Residence in Baltimore, 20 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: May 3 1860

AGE: 48 years, 5 months, 0 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Italy

FULL NAME OF FATHER: C—

BIRTHPLACE OF FATHER (State or county): Italy

MAIDEN NAME OF MOTHER: C—

BIRTHPLACE OF MOTHER (State or county): Italy

OCCUPATION OF DECEASED: Plaster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Paca

Filed Oct 17 1908 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1905 to Oct 15 1908 that ~~last~~ saw h— alive on Oct 12 1908 and that death occurred, on the date stated above, at 12.10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Endo-carditis

(DURATION) DAYS

(Signed) Robt O Bay M. D.

Address University Hospital

Date Oct 16 1908

Place of Burial New Cathedral Cem

Date Oct 17 1908

Undertaker Jos. Joerdens, Son

Address 217 S. Paca

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 16406

95

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Crowe

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: — — 1

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Kellyday, Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 10/17 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 16 1908

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to Oct 16 1908

that I last saw h alive on Oct 16 1908

and that death occurred, on the date stated above, at 2 00 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Hypostatic Pneumonia

(DURATION) — DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Oct 16 1908

Place of Burial Holy Cross

Date Oct 17 1908

Undertaker Robt H Turner

Address 1412 N Broadway

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C16407 Registered No. B C16407

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1740. Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Taubenheim

{ Residence, if in Baltimore, Give Street and Number. } 1740. Orleans st.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Charles Mushake

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Hildebrand

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Bakery

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert E Mushake

(Address) 1703 Patterson Pk Ave.

Filed 10/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15th 1908

I HEREBY CERTIFY, That I attended deceased from July 14th 1908 to October 15th 1908 that I last saw h alive on October 15th 1908, and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy of Heart & Kidneys disease

3 Months (DURATION) DAYS

Contributory (Primary.) & Prostration (DURATION) 4 DAYS

(Signed) Chas L. Goldenberg M.D.

Address 418 S. Paca st

Date October 16th 1908.

Place of Burial Dallas-Cemetery

Date Oct 18th 1908

Undertaker John H Dell

Address 604 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C16408

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2020 Ridgewood Avenue St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christine Schroeder

Residence, Give Street and Number, 2020 Ridgewood St.

Duration of Residence in Baltimore, 11 months

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 25 1907

AGE: — years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Frank Schroeder

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Mary Tarp

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Backer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Schroeder

(Address) 2020 Ridgewood

Filed 10/17 1908

HENRY C. ANDREAS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 16 1908

I HEREBY CERTIFY, That I attended deceased from Oct 16 1908 to Oct 16 1908

that I last saw her ~~alive~~ on Oct 16 1908

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate,)

Entero-Colitis.

(DURATION) 90 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) C. W. Hoffman M. D.

Address 2100 W. North Ave.

Date October 16 1908

Place of Burial Baltimore Cemetery

Date Oct 17 1908

Undertaker Josiah Lippe

Address Noon & Marshall Ave

Remarks Patient was dead when I reached her. C.W.H.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

22

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

Registered No. B C16409

City of Baltimore, (No. 214 W. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: 76 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Don't know

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chester

(Address) 214 W. Lee St.

Filed 10/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10th (Month) 15th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1908 to Oct. 12th 1908

that I last saw him alive on Oct. 12th 1908,

and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

Dropsy

21 (DURATION) DAYS

Contributory Rheumatism & Valvular Disease of Heart (DURATION) Year 10 DAYS

(Signed) R. M. Hall M. D.

Oct. 16th 1908 (Address) 1019 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Oct. 17 1908

UNDERTAKER: John H. Toddvin

ADDRESS: 142 W. Hill St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C16410 — Registered No. C C16410

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie M Franklin

Residence, Give Street and Number, 1336 Cleveland Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: Colored

DATE OF BIRTH: Nov 12 1905

AGE: 2 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Gross Franklin

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Isabel Lew H

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabel Lew H

(Address) 1336 Cleveland

Filed 10/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 14 1908

that I last saw her alive on Oct 14 1908

and that death occurred, on the date stated above, at 1 A M.

CAUSE OF DEATH (Secondary or Immediate,)

Cerebro Spinal Meningitis

(DURATION) 5 DAYS

Contributory (Primary) Coma

(DURATION) 4 DAYS

(Signed) J. C. Monroe M. D.

Address 855 Columbia Ave

Date Oct 16 1908

Place of Burial Mt. Zion Cemetery

Date October 17 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C16411 Registered No. B C16411

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 628 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Denkam

{ Residence, if in Baltimore, Give Street and Number. } 628 N. Madeira

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Mall | COLOR White

DATE OF BIRTH Aug. 6 1907

AGE 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Denkam

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Maggie Antereiter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Denkam

(Address) 628 N. Madeira

Filed 10/17 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16/ 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9/ 1908 to Oct 16/ 1908

that I last saw him alive on Oct 15/ 1908,

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

4 Septicaemia

(DURATION) 3 DAYS

Contributory (Primary.) Scarlet Fever

(DURATION) 4 DAYS

(Signed) A. G. Kytmi M.D.

Address 2204 E. Monument St

Date Oct 16/ 1908.

Place of Burial St. Alphonsus

Date Oct. 17 1908

Undertaker J. J. Herr

Address 1914 E. Fayette

1 P. M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

Ward 10 C16412 Registered No. B C16412

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Jn Schnitzer

{ Residence, if in Baltimore, Give Street and Number. } 800 E Madison St

Duration of Residence in Baltimore. 39 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Jan 28 11 1859

AGE 49 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Schnitzer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magdalena Fischer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A. Schnitzer

(Address) 806 Aisquith St.

Filed 10/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 14 1908 that I last saw h[illegible] alive on Oct 14 1908, and that death occurred, on the date stated above, at 4 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophic cirrhosis of the liver

(DURATION) DAYS

Contributory (Primary.) Hemorrhage

(DURATION) DAYS

during last 24 hours

(Signed) J. A. Bauer M.D.

Address 1302 W. Lombard St

Date Oct. 16 1908

Place of Burial Holy Redeemer Cem

Date Oct. 17 1908

Undertaker H. Lauder & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the ease comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C16413

City of Baltimore, (No. 131 W. Preston St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lilly K. Kent

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joseph Armistead

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Kent.

(Address) 131 W. Preston St.

Filed 10/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Oct. 14 1908 that I last saw h er alive on October 14 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Paralysis.

about 24 hours (DURATION) DAYS

Contributory Brights & Heart disease

several years (DURATION) DAYS

(Signed) G. B. E. Vogler M.D.

Oct 14th 1908 (Address) 1325 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL Oct 17 1908

UNDERTAKER Alex H. Kennedy | ADDRESS 578 N. Biddle

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C16414 Registered No. B C16414

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 869 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Burns

{Residence, if in Baltimore, Give Street and Number.} 869 Greenmount ave

Duration of Residence in Baltimore about 40 or 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1837

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J. Roddy

(Address) 2111 Bloom St

Filed 10/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1908

I HEREBY CERTIFY, That I attended deceased from Oct 12 1908 to Oct 16 1908 that I last saw him alive on Oct 16 1908, and that death occurred, on the date stated above, at 1.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

Not Known (DURATION) DAYS

Contributory (Primary.) Dropsy

Heart disease (DURATION) DAYS

(Signed) Benj. Baughman M.D.

Address 1216 N. Carolina st.

Date Oct. 16 1908

Place of Burial New Cathedral

Date Oct 19 1908

Undertaker E. P. Kidefield Jr.

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1908 11 7

the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C16415

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 901 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Kaufman

Residence, Give Street and Number, 901 Park Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH Sept 9 1

AGE 32 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Albert Otten

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Ida Ruth

BIRTHPLACE OF MOTHER (State or county) Ger.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Kaufman

(Address) 901 Park Ave

Filed 10/17 1908 HENRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 16. 1908. 190

I HEREBY CERTIFY, That I attended deceased from Sept. 24 1908 to Oct. 16 1908 that I last saw her alive on Oct. 16 1908 and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia — Exhaustion.

(DURATION) one DAYS

Contributory (Primary) Dysentery.

(DURATION) 22 DAYS

(Signed) Jas. L. Duncan M. D.

Address 3 and Gough

Date Oct. 16. 1908 1908

Place of Burial Oakland

Date Oct. 19 1908

Undertaker J. W. Cook & Son

Address 502 E. Fayette

Remarks .....

Ward 17 C16416 Registered No. B C16416

CERTIFICATE OF DEATH.

(Place of Death.) No. 526 W Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Louise Gallion

{Residence, if in Baltimore, Give Street and Number.} 526 W. Lee st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec 10 1883

AGE 25 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles F. Gallion

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary E. Richards

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Paper box maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Gallion

(Address) 526 W Lee st

Filed 10/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15-08 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1- 1907 to Oct 15 1908 that I last saw h[er] alive on Oct 15 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 1 Year

Contributory (Primary.) Mesenic Coma

(DURATION) 1 days

(Signed) Henry Le. O'Dea M.D.

Address 1203 W. Fayette st

Date Oct 16 1908

Place of Burial Cathedral Cemetery

Date Oct 18 1908

Undertaker F. A. Kramer & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C16417 Registered No. B C16417

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 1712 Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Smith

{Residence, if in Baltimore, Give Street and Number.} 1712 Federal St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Aug 21st 1

AGE 9 years, 2 months, 8 days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ child

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Frank W. Smith

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Daisy V. Martin

BIRTHPLACE OF MOTHER (State or country) Kingston Ill.

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy V. Smith

(Address) 1712 Federal St

Filed 10/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17 1908

I HEREBY CERTIFY, That I attended deceased from ~~\~~ 190 to ~~\~~ 190

that I last saw h ~~\~~ alive on ~~\~~ 190,

and that death occurred, on the date stated above, at 1250 a. m. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Carruthers M.D.

Address Coroners Dept

Date Oct 17 - 08 190

Place of Burial St. Mary's Hampden

Date October 18th 1908

Undertaker Vance Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Time extended to Oct. 18. 1908 - 9 a.m. sharp - A.D.J.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16418

CERTIFICATE OF DEATH.

118

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mc. Roberts Brandt

Residence, Give Street and Number, 709 Columbia Ave.

Duration of Residence in Baltimore,

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THE PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	April 13th 1891
AGE	17 years, 6 months, 3 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Baltimore Md.
FULL NAME OF FATHER	Charles D. Brandt
BIRTHPLACE OF FATHER (State or county)	Baltimore Md.
MAIDEN NAME OF MOTHER	Catherine A. Crane
BIRTHPLACE OF MOTHER (State or county)	Baltimore Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles D. Brandt

(Address) 709 Columbia Ave.

Filed 10/17 1908 HARRY C. ARRENS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 16 at 4.15 P. M. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 10th 1908 to Oct. 16th 1908

that I last saw him alive on Oct. 16th 1908

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

General Peritonitis

(DURATION) 6 DAYS

Contributory (Primary) Appendicitis

(DURATION) DAYS

(Signed) J. F. Williams M. D.

Address Md. Gen. Hosp.

Date Oct. 16 1908

Place of Burial Loudon Park Cemetery

Date Oct. 19th 1908

Undertaker Jno. & Jos. John H. Deufel

Address 801 W. Fayette St.

Remarks

READ THE LAW PRINTED ON THE MARGIN.

Ward 1st

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16419

CERTIFICATE OF DEATH.

(Place of Death.) No. 2426 Eanton Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fetzner

Residence, Give Street and Number, 2426 Eanton ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Sept 9 1869

AGE 39 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Tobias Fetzner

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Fetzner

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Fetzner

(Address) 2426 Eanton Ave

Filed 10/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 16, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 25th 1906 to Sept 8, 1908

that I last saw h im alive on Sept 8, 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

of Pulmonary Tuberculosis.

(As near as can be stated the condition of patient during last week of life & manner of death are accepted as stated by family)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James Hannan M. D.

Address James Hopkins Hospital.

Date October 17, 1908

Place of Burial In German Cem

Date Oct 18th 1908

Undertaker H Nicolaus & Son

Address 1820 Eanton Ave

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT AND BE IT FURTHER ENACTED AND ORDAINED, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C16420 Registered No. B C16420

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1424 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A. Struck

{Residence, if in Baltimore, Give Street and Number.} 1424 N. Eden ste.

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 25 1908

AGE ..... years, 5 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John A. Struck

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Evelyn McCurdy

BIRTHPLACE OF MOTHER (State or country) Balto. md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Struck

(Address) 1424 N. Eden st.

Filed 10/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16th 1908.

I HEREBY CERTIFY, That I attended deceased from October 12th 1908 to Oct. 16th 1908

that I last saw him alive on Oct. 16th 1908.

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus X. Bronchitis

(DURATION) DAYS

Contributory (Primary.) Gastro-Enteritis (DURATION) 1 month. DAYS.

(Signed) Charles A. Meyer M.D.

Address 1031 N. Caroline st

Date Balto. Md. Octo. 16th 1908.

Place of Burial Holy Redeemer

Date Oct 18 1908

Undertaker Robt T. Turner

Address 1142 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16421

Ward 24 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas B. Wagley

{Residence, if in Baltimore, Give Street and Number.} 1104 William St

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 23 1870

AGE: 37 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Summers Point W Va

FULL NAME OF FATHER: David Wagley.

BIRTHPLACE OF FATHER (State or country): Summers Point W Va

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Summers Point W Va

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE-STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucia Wagley (wife)

(Address) 1104 William St.

Filed 10/17 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 15 1908

I HEREBY CERTIFY, That I attended deceased from October 4 1908 to October 15 1908

that I last saw h in alive on Oct 15 1908

and that death occurred, on the date stated above, at 12:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 2 Days

Con'ributory (Primary.) Typhoid Fever.

(DURATION) 2 weeks

(Signed) Otto M Reinhardt M.D.

Address 1017 E Chase St.

Date October 16 1908

Place of Burial London Park.

Date Oct 18th 1908

Undertaker William H. Higdon

Address 851 Lindenave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B C16422

CERTIFICATE OF DEATH.

(Place of Death.) No. 908 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Feldman.

{ Residence, if in Baltimore, Give Street and Number. } 908 Druid Hill Ave.

Duration of Residence in Baltimore. One Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 18 1890

AGE 18 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Harry Feldman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simeon Feldman

(Address) 908 Druid Hill Ave.

Filed Oct 17 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1905

I HEREBY CERTIFY, That I attended deceased from Sept 17 1905 to Oct 16 1905

that I last saw h alive on Oct 16 1905,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) 3 mo 16 DAYS

(Signed) M. Weinberg M.D.

Address 742 W Fayette St

Date Oct 18 1905

Place of Burial Phil Road Hebrew

Date Oct 18 1905

Undertaker McGinnis & Carroll

Address 1227 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 16423

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Gilbert

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M
COLOR	W.
DATE OF BIRTH	—
AGE	54 years, ... months, ... days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	M —
BIRTHPLACE (State or county)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed Oct 17 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9 1908 to Oct 15 1908

that I last saw h[illegible] alive on Oct 15 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pneumonia

Hernia (DURATION) DAYS

(Signed) W W Baker M. D.

Address Bay View Hospital

Date Oct 15 1908

Place of Burial Loudown Park

Date Oct 18 1908

Undertaker Wm J Schilling

Address 9 S Eutaw St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. B C16424 114

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James C. Clark.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Dec. 26 1841

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) New-York city

FULL NAME OF FATHER James Clark

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Roana. O. Farrell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Superintendent Immigration.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bigley.

(Address) Laurel. Md

Filed Oct 17 1905 HARRY G. ANDREWS Registrar [PERMIT CLERK.]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17th 1905

I HEREBY CERTIFY, That I attended deceased from 10-13-1905 to 10-17-1905 that I last saw him alive on 10-17-1905 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 7 DAYS

Contributory (Primary.) Cholecystitis

(DURATION) 4 DAYS

(Signed) Philip Bay M.D.

Address University Hospital

Date 10-17-1905

Place of Burial Laurel Fairview Cem. Md

Date Oct. 19 1905

Undertaker W. J. Perkins

Address Cookstown & Patapsco Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C16425 Registered No. C C16425

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1309 Riggs Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Martha Gross

Residence, Give Street and Number, 1309 Riggs Ave

Duration of Residence in Baltimore, 4 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	Colored

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER John Gross

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Martha Harriet Gross

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gross

(Address) 1309 Riggs Ave.

Filed 10/18 1908 HARRY C. ARMELAS, Registrar.
FIRST CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 15 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis

(DURATION) 6 mos. DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Laf. Ave. Corner.

Date Oct. 15 1908.

Place of Burial Mt. Auburn Cemetery.

Date Oct 18 1908

Undertaker R. K. Elliott

Address 506 Riggs Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C16426 Registered No. B C16426

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1515 McElderry ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Samuel Carroll

{Residence, if in Baltimore, Give Street and Number.} 1515 McElderry ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): West River

FULL NAME OF FATHER: Samuel Carroll

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Rachel Davis

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Cater Carroll

(Address) 1515 Aberdeen St

Filed 10/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Oct 16 1908

that I last saw him alive on Oct 16 1908

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis contributed

Apoplexy contributed

2 months (DURATION) 6 DAYS

Contributory (Primary) Apoplexy

2 months (DURATION) 6 DAYS

(Signed) Dr Gwinnemard M.D.

Address 708 Eador St

Date Oct 16 1908

Place of Burial Laurel Cemetery

Date Oct 18 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the **cause and date of death.**

Ward 12 C16427 Registered No. B C16427

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1929 Boash St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeremiah Maddox, Jr

{Residence, if in Baltimore, Give Street and Number.} 1929 Boash

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: Aug 27 1892

AGE: 16 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Catonsville Md.

FULL NAME OF FATHER: Jeremiah Maddox Sr.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eleanor Dykes

BIRTHPLACE OF MOTHER (State or country): Catonsville Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanor Maddox

(Address) 1929 Booth St.

Filed 10/18 1908 HARRY C. ANDREWS, Clerk. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1908

I HEREBY CERTIFY, That I attended deceased from ....1900.... to ....1900....

that I last saw h.... alive on ....1900....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

.... Pneumonia ....

.... (DURATION) .... DAYS

Contributory (Primary.) ....

.... (DURATION) .... DAYS

(Signed) Hy Lee C Blake M.D.

Address 1014 W Lafayette

Date Oct 17 Coroner 1908

Place of Burial Western Star Cemetery Catonsville

Date Oct 19 " 1908

Undertaker N S Sink

Address 2113 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C16428 Registered No. B

CERTIFICATE OF DEATH.

C16428

(Place of Death.) No. 710 East Biddle Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Wallace.

{Residence, if in Baltimore, Give Street and Number.} 710 East Biddle St.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 20" 1830

AGE 78 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Wallace

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Finn

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Thos. McEvoy

(Address) 710 E. Biddle St.

Filed 10/18 1908

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 13th 1908 to Oct 16th 1908

that I last saw h[illegible] alive on Oct 15th 1908,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 4 DAYS

Contributory (Primary.) Acute Dem o Pneumonia

(DURATION) DAYS

(Signed) Edward Dillon M.D.

Address 208 Cathedral St

Date Oct 16th 1908

Place of Burial Cathedral Cem.

Date October 19" 1908

Undertaker Henry W. Means & Son

Address # 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16429

Ward 15

C16429 Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 N Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry H Reid

{Residence, if in Baltimore, Give Street and Number.} 1336 N Gilmore St

Duration of Residence in Baltimore. since Birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 16th 1908

AGE: 12 hours old ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: H H Reid

BIRTHPLACE OF FATHER (State or country): Ala

MAIDEN NAME OF MOTHER: Lelia Parham

BIRTHPLACE OF MOTHER (State or country): Ala

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H H Reid

(Address) 1336 N Gilmore

Filed 10/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 17th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 16 1908 to Oct 17 1908 that I last saw him alive on Oct 17 1908, and that death occurred, on the date stated above, at 9 A.M., CAUSE OF DEATH (Secondary or Immediate)

Exhaustion following labor.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Peare M.D.

Address 1238 Fremont Ave

Date Oct 17th 1908

Place of Burial Western

Date Oct 18th 1908

Undertaker C. Albert F. Sullivan

Address 1711 Maryland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16430

City of Baitimore, (No. 1453, Hull St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence Silvia

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 8th (Day) 1908 (Year)

AGE: ....years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Silvia

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Isella Harford

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Silvia.

(Address) 1453 Hull

Filed Oct 18 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1908 to Oct 17th 1908 that I last saw him alive on Oct 16th 1908, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Bronchio-pneumonia

(DURATION) 20 DAYS

Contributory Malnutrition

(DURATION) ..... DAYS

(Signed) Francis D. Bruns M. D.

Oct 17 1908 (Address) 1223 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: October 19 1908

UNDERTAKER: Jos. Stanton Jr. — ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

Registered No. C C16431

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 N. Balto St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredericka A. Hartman

Residence, Give Street and Number, 1632 N. Balto St

Duration of Residence in Baltimore, 64 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: May 25 1825

AGE: 83 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Starzel

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Hartman

(Address) 1632 N Balto St

Filed Oct 18 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 16 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1908 to Oct. 15 1908

that I last saw her alive on Oct. 15 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchio-Pneumonia

9 days (DURATION) DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) R. A. Wagner M. D.

Address 913 W. Lombard

Date Oct. 17 1908

Place of Burial Mt Olivet Cemetery

Date October 19 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B C16432

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 615 D. Fremont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Swartz

{ Residence, if in Baltimore, Give Street and Number. } 615 D Fremont ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Isaac Swartz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Barr

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Swartz

(Address) 615 D Fremont ave

Filed Oct 18 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Oct 17 1908

that I last saw h[illegible] alive on Oct 17 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Collapse

(DURATION) 1 DAYS

Contributory (Primary) Bronchopneumonia

Dysentery (DURATION) 20 DAYS

(Signed) Harry Boyd M.D.

Address 632 Columbia ave

Date Oct 19 1908

Place of Burial Hebrew Washington Park

Date Oct 18, 1908

Undertaker Mayer Levin

Address 162 N Eden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C16433 Registered No. B C16433

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1418 Bruce St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Herbert . Braun

{Residence, if in Baltimore, Give Street and Number.} 148 Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Julius Brow

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER agnes Watkins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED school

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) agnes Watkins

(Address) 1117 Bruce St

Filed 10/18 1908 HARRY C. ANDREWS, CITY Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Oct 16 1908

that I last saw him alive on Oct 15 1908

and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage continued

of Lungs

Tuberculosis —

(DURATION) 2 DAYS

Contributory (Primary.) Hemorrhage of Lungs — (DURATION) 2 DAYS

(Signed) Dr Lyn Kinnard M.D.

Address 708 Eutaw St

Date 190

Place of Burial Mt Hope

Date Oct 18 1908

Undertaker W. J. Johnson

Address 614 E Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16434

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C16434

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1312, S Charles St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Letitia Dykes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colrd

DATE OF BIRTH: Not known exactly (Month) (Day) (Year)

AGE: 65 (?) years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Andrew Mr. Ed Hutton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: (?)

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas C Hopkins

(Address) 132 S Charles St

Filed 10/18 1908

BARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1908 to Oct 15 1908

that I last saw h[illegible] alive on Oct 15 1908,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Complication of diseases Indigestion, general breakdown with gradual paralysis due to cerebral hemorrhage (DURATION) ? DAYS

Contributory Paralysis (DURATION) 4 DAYS

(Signed) Stanley Cole M. D.

Oct 17 1908 (Address) 733 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Oct 19 1908

UNDERTAKER: [illegible] & Thompson

ADDRESS: 132 William

WM. J. C. DULANY CO., BALTIMORE.

Not I saw case for Dr. A. Cleaves. who is ill with Typhoid fever.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B C16435

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. James C. Ernest

{ Residence, if in Baltimore, Give Street and Number. } Berkley W. Va

Duration of Residence in Baltimore. None

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 46 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Hardware Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morgan A. Ernest

(Address) Berkley W. Va

Filed Oct 18 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18th 1908

I HEREBY CERTIFY, That I attended deceased from October 3 1908 to October 18 1908 that I last saw h[illegible] alive on October 18 1908 at 9.40 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Pancreas
Obstruction Jaundice

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Gutch M.D.

Address Johns Hopkins Hospital

Date October 18th 1908

Place of Burial Berkley W. Va

Date Oct 21 1908

Undertaker Albert E Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 C16436 Registered No. B C16436

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1038 James alley St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Teresa Scalia

{Residence, if in Baltimore, Give Street and Number.} 1035 James alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1908

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER James Scalia

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Santa Scalia

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Scalia

(Address) 1038 James Alley

Filed 10/19 1908

HARRY C. ARDINGS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Oct 17 1908

that I last saw her alive on Oct 17 1908

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate

acute Enteritis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Valentine M.D.

Address 16 E Broadway

Date Oct 19 1908

Place of Burial Cathedral Cemetery

Date Oct. 19 1908

Undertaker H. and M. L. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C16437 Registered No. B C16437

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 141 E. West St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lillian C Johnson

{Residence, if in Baltimore, Give Street and Number.} 141 E West St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 18 1835

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Write)

(Informant) Lucy A Johnson

(Address) 141 E West St

Filed 10/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 — 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1907 to Oct 17th 1908

that I last saw h[illegible] alive on Oct 16 1908

and that death occurred, on the date stated above, at 6:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Edward Nephrites

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H Lee Bauer M.D.

Address 1128 Schroeder

Date Oct 18 1908

Place of Burial Baltimore Cem.

Date Oct 19 1908

Undertaker E Ward

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 16438

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua R. Brown

Residence, Give Street and Number, Eutaw st

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M
COLOR	B
DATE OF BIRTH	—
AGE	59 years, — months, — days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	M
BIRTHPLACE (State or county)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Belvidere

(Address) BAY VIEW ASYLUM.

Filed 10/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 16 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908 to Oct 16 1908

that I last saw h— alive on Oct 16 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Sepsis & Exhaustion

— (DURATION) — DAYS

Contributory (Primary) Cancer of Tongue (DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Oct 16 1908

Place of Burial Mt Auburn

Date Oct 19th 1908

Undertaker R. A. Elliott

Address 506 Regent Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C16439 Registered No. B C16439

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Young.

{Residence, if in Baltimore, Give Street and Number.} 915 Druid Hill Ave

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Mar 28th 1863

AGE: 45 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Nathan Young.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Stafford

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cassie Young

(Address) 915 Druid Hill Ave

Filed 10/14 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 17th 1908 to Oct 16th 1908 that I last saw him alive on Oct 16th 1908, and that death occurred, on the date stated above, at 9:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) 9 Months

Contributory (Primary.)

Ascites (DURATION) 4 Months

(Signed) F. C. Leuk M.D.

Address 1313 N. Carrollton Ave

Date Oct 17th 1908

Place of Burial Mt. Auburn Cem

Date October 19 1908

Undertaker John H. Deadon

Address 42 W. Hoffman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C16440 Registered No. B C16440

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1422 Chappell St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Logan Tultman

{ Residence, if in Baltimore, Give Street and Number. } 1422 Chappell. St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Ireland

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore md

FULL NAME OF FATHER Richard Tultman

BIRTHPLACE OF FATHER (State or couutry) Baltimore Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Pressman St

Filed 10/19 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7 1908 to Oct 18 1908 that I last saw h— alive on Oct 18 1908, and that death occurred, on the date stated above, at 4'20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Paralysis.

(DURATION) 2 DAYS

Contributory (Primary.) Diphtheria

(DURATION) 11 DAYS

(Signed) Wm. G. Wrighr M.D.

Address 1373 N. Carey St

Date Oct 18, 1908

Place of Burial Mt Olivet ✓

Date October 19 1908

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

1 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16441 C16441

Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 546 Burgundy alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Sedonia Harris

{Residence, if in Baltimore, Give Street and Number.} 546 Burgundy alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Oct 17th 1908

AGE: ....years, ...months, 1 hr. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant)

(Address)

Filed 10/19 1908 HARRY C. ANDREAS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 17th 1908 to Oct 17th 1908 that I last saw h.im alive on Oct 17th 1908, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate

Asphyxiation Following Premature Birth

(DURATION) DAYS

Contributory (Primary.) Premature Birth

(DURATION) DAYS

(Signed) Robt. T. Bay, M.D.

Address Maryland Hospital

Date Oct 17 1908

UNIVERSITY OF MARYLAND

Place of Burial

Date Oct 19 1908

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C1644- THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C16442

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1406 Linden ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna G Patterson

Residence, Give Street and Number, 1406 Linden ave

Duration of Residence in Baltimore, life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, ... months, ... days

~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Joseph Rowe

BIRTHPLACE OF FATHER (State or county): Pennsylvania

MAIDEN NAME OF MOTHER: Gloria Gumwalt

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lennie G McCauley

(Address) 1406 Linden Ave

Filed 10/19 1908 HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1907 to Oct 18 1908 that I last saw her alive on Oct 18 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Bright disease -

one year (DURATION) ~~DAYS~~

Contributory (Primary) uremia

(DURATION) 10 DAYS

(Signed) John D. King M. D.

Address 1425 Eutaw

Date Oct 19 1908

Place of Burial Greenmount Cemetery

Date Oct 20 1908

Undertaker Stuart H Mowen Co

Address 215 Park ave

Remarks

Dr King Eutaw & Mosher

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C16443 — Registered No. B C16443

CERTIFICATE OF DEATH.

64

(Place of Death.) No ~~1110~~ 3010 Clifton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Chandlee

{ Residence, if in Baltimore, Give Street and Number. } 3010 Clifton ave Walbrook

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 28th 1830

AGE: 77 years, 11 months, 20 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: A. F. Garr

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): " dy

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. W. Chandlee

(Address) 3115 Clifton Ave

Filed 10/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 18th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Oct 18 1908 that I last saw h[er] alive on Oct 18 1908, and that death occurred, on the date stated above, at 8.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) Nathan Bruslow M.D.

Address 3112 W. North Ave

Date Oct 18, 1908

Place of Burial Loudon Park Cemetery

Date October 20th 1908

Undertaker Stewart & Mowen Co

Address 215-217 Park ave

3112 w north ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 19 C16444 Registered No. B C16444

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J. Murphy Jr.

{Residence, if in Baltimore, Give Street and Number.} 213 S. Stricker st.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: August 17 1908

AGE: ... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James J. Murphy

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Alma Webbert

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J Murphy

(Address) 213 S Stricker

Filed 10/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1908 to Oct 19th 1908 that I last saw him alive on Oct 18th 1908, and that death occurred, on the date stated above, at 12:45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.) Asthenia

(DURATION) 10 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st

Date Oct 19th 1908

Place of Burial St. Peter's Cem.

Date October 20th 1908

Undertaker Wm B Crothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16445

Ward ..... Registered No. B C16445

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1003 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Buserod Schwatka.

{Residence, if in Baltimore, Give Street and Number.} 1003 N. Broadway

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John B. Schwatka

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret G. Cooper

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Schwatka

(Address) 1003 N. Broadway

Filed 10/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 17 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to October 17 1908 that I last saw him alive on Oct 16 1908, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Fred Carruthers M.D.

Address 2229 E Baltimore

Date Oct 17 1908

Place of Burial London Park Cemetery

Date Oct 19 1908

Undertaker Leland E Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C16446 Registered No. B C16446

CERTIFICATE OF DEATH.

46

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Fifer

{Residence, if in Baltimore, Give Street and Number.} 1001 E. Lombard Strt

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 9 1869

AGE 39 years, 5 months, 8 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Robt S. Fifer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie E. Grant

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida M. Fifer

(Address) Lauraville

Filed 10/19 1905 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17th 1905

I HEREBY CERTIFY, That I attended deceased from March 21 1905 to October 17 1905 that I last saw h[illegible] alive on October 17 1905, and that death occurred, on the date stated above, at 10:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mediastinal Tumor

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ernest E. Cullen M.D.

Address Johns Hopkins Hospital

Date October 18th 1905

Place of Burial Baltimore Cemetery

Date Oct. 20 1905

Undertaker Zirkler & Zirkler

Address 1739 E. Edger st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C16447 Registered No. B C16447

CERTIFICATE OF DEATH.

66.

(Place of Death.) No. 110 N. Kenwood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherina Grenzer

{Residence, if in Baltimore, Give Street and Number.} 110 Kenwood ave

Duration of Residence in Baltimore. 59 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Oct. 22 1837
AGE	70 years, 11 mont's, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Louis Grenzer

(Address) 110 N. Kenwood Ave

Filed 10/19 1908 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9 1908 to Oct 17 1908 that I last saw he alive on " " 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis of Brain

about two weeks (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. McCollister M.D.

Address 1810 E Baltimore

Date Oct 19 1908

Place of Burial Emanuel's Cemetery

Date Oct. 20 " 1908

Undertaker H. Sander & Sons

Address 1710 Eaton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 Registered No. C C16448

159

CERTIFICATE OF DEATH.

(Place of Death.) No. American Building (Cor. Baltimore & Lwr. St.) St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William H. Sweeney.

Residence, Give Street and Number, 1830 St. Paul St.

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 28 1877

AGE: 31 years, — months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Kentucky

FULL NAME OF FATHER: James J Sweeney

BIRTHPLACE OF FATHER (State or county): Kentucky

MAIDEN NAME OF MOTHER: Nettie Singleton

BIRTHPLACE OF MOTHER (State or county): Kentucky

OCCUPATION OF DECEASED: Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund B Sweeney

(Address) Phila Pa

Filed 10/19 1908

HENRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate,)

Skull fractured &c.

Suicide by Pistol

(DURATION) ——— DAYS

Contributory (Primary)

(DURATION) ——— DAYS

(Signed) W Wiley, Coroner M. D.

Address 1629 Broadway

Date October 19 1908

Place of Burial Greenmount Cem

Date October 19th 1908

Undertaker Chas J Evans

Address 118 N Mt Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 616449 Registered No. B 616449

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 1205 N. Washington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Russell Wicks

{ Residence, if in Baltimore, Give Street and Number. } 1205 N. Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 21 1905

AGE 3 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John W. Wicks

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Abbott

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Wicks

(Address) 1205 N Washington

Filed 10/19 1905 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1905

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 2.25 a. m. CAUSE OF DEATH (Secondary or Immediate)

Burns of Body (Acc)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fredjr Carullen M.D.

Address Coroner's Office

Date Oct 18 — 1905

Place of Burial Baltimore Cemetery

Date Oct 19 1905

Undertaker Robt J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

See following

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C16449

CERTIFICATE OF DEATH.

(Place of Death.) No. 1205 N Washington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Nagel Wick

Residence, Give Street and Number, 1205 N Washington

Duration of Residence in Baltimore, 24

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH July 21 1908

AGE 3 years, 2 months, 27 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER John W. Wick

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Elizabeth Abbott

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Wick

(Address) 1205 N Washington St

Filed 10/19 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 17 1908

I HEREBY CERTIFY, That I attended deceased from October 6th, 1908 to Oct 17th 1908

that I last saw him alive on Oct 16th, 1908

and that death occurred, on the date stated above, at 2 30 A. M., CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary) Scald

(DURATION) 2 DAYS

(Signed) Albert S. Finzwald M. D.

Address 1503 E. North Ave.

Date October 17th 1908

Place of Burial Baltimore Cemetery

Date Oct 19th 1908

Undertaker Robt J Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. B C16450

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 21 Stafford Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna E. Miller

{Residence, if in Baltimore, Give Street and Number.} 21 Stafford Str

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 23 1907

AGE: years, 19 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore - Md -

FULL NAME OF FATHER: Henry Miller

BIRTHPLACE OF FATHER (State or country): Leyton, Ohio.

MAIDEN NAME OF MOTHER: Sofa Munk.

BIRTHPLACE OF MOTHER (State or country): Baltimore, Co.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sofa Miller.

(Address) 21 Stafford St.

Filed 10/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Oct 18 1908

that I last saw h- alive on Oct 18 1908

and that death occurred, on the date stated above, at 4.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary) Acute Indigestion

(DURATION) DAYS

(Signed) Geo. W. Mahle M.D.

Address 1932 W Baltimore St.

Date Oct 19 1908

Place of Burial Mt Olivet Cem.

Date Oct. 20th 1908

Undertaker Charles W. Dill.

Address 8/0 Fredk. Ave. Cy.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C16451 — Registered No. C 16451

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Cottage ave near Caton ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary K. Duesenberry

Residence, Give Street and Number, Cottage ave near Caton Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: June 5th 1828

AGE: ... years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Frank Duesenberry

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Daisy Welsh

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Welsh

(Address) Cottage near Caton Ave

Filed 10/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Hubert C Blake M. D.

Address 1014 N La Fayette

Date Coroner 1908

Place of Burial Western Cem'y

Date October 21st 1908

Undertaker Charles W. Lilly

Address 810 Druid Hill Ave Ext.

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14th

Registered No. C 016452

103

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Eugene W. Hayden.

Residence, Give Street and Number, Mount Washington Balto. Co.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX male

COLOR white

DATE OF BIRTH Sept. 15 1878

AGE 30 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER H. G. Hayden

BIRTHPLACE OF FATHER (State or county) Balto City

MAIDEN NAME OF MOTHER Clark

BIRTHPLACE OF MOTHER (State or county) Balto City

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Graetzer

(Address) Guilford Ave

Filed Oct 19 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 18, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1908 to Oct. 18, 1908

that I last saw him alive on Oct. 18, 1908

and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Starvation following enterostomy for intestinal obstruction

(DURATION) 22 DAYS

Contributory (Primary) Appendicitis acute.

(DURATION) 5 DAYS

(Signed) Eugene W. Smith M. D.

Address Union Protestant Inf.

Date October 18, 1908

Place of Burial Druid Ridge

Date Oct 20 1908

Undertaker N. S. Marshall

Address 3859 Falls Road

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C16453

City of Baltimore, (No. 63 W. West St., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Holmes

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: 9 (Month) 13 (Day) 1908 (Year)

AGE: ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Hezekiah Holmes

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Viola Smothers

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Viola Smothers

(Address) 63 W. West Street.

Filed 10/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 13th 1908 to Oct 17 1908

that I last saw him alive on Oct 16 1908,

and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) ..... DAYS

Contributory Ileo colitis

(DURATION) 4 DAYS

(Signed) G. L. Buxton M. D.

Oct 19 1908 (Address) 222 E. Cross St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	10/19 1908
UNDERTAKER	**ADDRESS**
John H. Toadvine	1424 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C 16454

46

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 E Fort Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan E. Dulany

Residence, Give Street and Number, 706 E Fort.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, \ months, \ days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Samuel Conrad

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Susan Phillips

BIRTHPLACE OF MOTHER (State or county): London

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Randolph Dulany

(Address) 706 E Fort Av

Filed 10/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 18" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Oct 19" 1908

that I last saw her alive on Oct 18" 1908

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

* (DURATION) DAYS

Contributory (Primary) Septic Peritonitis (DURATION) 15 DAYS

(Signed) H. Hunt Davis M. D.

Address 1328 N. Charles

Date Oct 19" 1908

Place of Burial Cedarhill

Date Oct 20/08 190

Undertaker Tom Cook

Address 702 E North Av

Remarks Had an abdominal tumor 2 yrs

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C ~~C16455~~ 155

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 W. Exeter St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fanni Echelson

Residence, Give Street and Number, 6 N. Exeter St.

Duration of Residence in Baltimore, 2 1/2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 20 years about ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Russia

FULL NAME OF FATHER: Abram Echelson

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Dora Spewakowsky

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Echelson

(Address) 6 N. Exeter St.

Filed 10/20 1908 HARRY C. [illegible], FIRST CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 19 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10.10 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Suicide by Carbolic Acid (Poisoning)

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) M. Kelly Coroner M. D.

Address 1634 Broadway.

Date Oct 19 1908

Place of Burial Hebrew Boundary

Date Oct. 20 1908

Undertaker [illegible]

Address 1620 Eastern Ave

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

C16456

Ward 7

C16456 Registered No. B

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1309 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W Heron

{Residence, if in Baltimore, Give Street and Number.} 1309 Stockholm

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 24 1905

AGE 2 years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Conrad Herion

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa Klipper

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Herion

(Address) 1309 Stockholm St.

Filed 10/20 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 17 1908 to Oct 19 1908

that I last saw h alive on Oct 18 1908

and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Schmuff M.D.

Address 816 Lond. Av

Date Oct 19 1908

Place of Burial London Park Cem.

Date Oct. 20 1908

Undertaker P. L. Dill & Son

Address 746 Columbia ave.

10/2 A M

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C16457 Registered No. B C16457

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name: Jno. F. Phillips

{ Residence, if in Baltimore, Give Street and Number. } 2021 N. Pratt St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 35 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John C. Phillips

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Ellen Daily

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Bryler

Address Md. Penitentiary.

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Oct 18 1908

that I last saw h.. alive on Oct 18 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Gorter M.D.

Address 180 E. Eutaw St.

Date Oct 19 1908

Place of Burial Loudon Park

Date Oct 20" 1908

Undertaker N. S. Finck

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16458

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C16458

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 571 ~~Oxford~~ Union St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Fisher

Residence, Give Street and Number, 571 ~~Oxford~~ Union St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 .....

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Bucks

FULL NAME OF FATHER Addison Fisher

BIRTHPLACE OF FATHER (State or county) N. Car.

MAIDEN NAME OF MOTHER Annie P. Fisher

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addison Fisher

(Address) 571 Oxford St.

Filed 10/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 17 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary) Gastritis

(DURATION) DAYS

(Signed) Silas Boldrow M. D.

Address 700 N. Laf. Av. Coroner

Date Oct. 18 1908.

Place of Burial COLLEGE OF P. [illegible]

Date OCT 19 1908 190

Undertaker Commissioner Health, Fee Wm. E. Woodall

Address

Remarks Health Department Notified

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C16459 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. C 16459

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomon Hill

Residence, Give Street and Number, Holliday & Bath Sts.

Duration of Residence in Baltimore, 40 Years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/20 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 17 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1908 to Oct. 17 1908 that I last saw him alive on Oct. 17 1908 and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs.

..... (DURATION) ..... DAYS

Contributory (Primary) Chronic Nephritis. (DURATION) ..... DAYS

(Signed) Wm. Schmitz M. D.

Address City Hospital

Date Oct. 17 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 19 1908 190

Undertaker per. Wm. E. WOODALL.

Address Commissioner Health,

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1908

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. B C16460

74

CERTIFICATE OF DEATH.

(Place of Death.) No. 1324 Asquith St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine A Gordon

{Residence, if in Baltimore, Give Street and Number.} 1324 Asquith St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Sept 16 1820

AGE 88 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Taylor

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ellen Taylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Musser

(Address) 1442 N Gay St

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1908 to Oct 19 1908 that I last saw her alive on Oct 19 1908, and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. W. Peard M.D.

Address 123 S Greenmount Ave

Date Oct 20 1908

Place of Burial Greenmount Cemetery

Date Oct 21st 1908

Undertaker Geo Musser

Address 1442 N Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2

C16461

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

C16461

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C 16461

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 905 Dawson Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ivy Ellen Dawson

Residence, Give Street and Number, 905 Dawson Alley

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR C

DATE OF BIRTH 1

AGE 4 years, ... months ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjman Ford

(Address) 302 Dawson alley

Filed 10/20 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M. D.

Address Home

Date Oct 19 1908

Place of Burial Mt Auburn Cemetery

Date Oct 20 1908

Undertaker Wm H Hooper

Address 609 Little Hacks St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16462

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16462

Registered No. B .....

City of Baltimore, (No. 1107 James Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Richards

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug (Month) 16 (Day) 1848 (Year)

AGE: 60 years, 2 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Levin Atkinson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Richards

(Address) 1107 James Lane

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to Oct 17 1908

that I last saw her alive on Oct 16 1908,

and that death occurred, on the date stated above, at 9.30 a. m. The CAUSE OF DEATH was as follows:

Organic Heart disease
(Dilatation)

(DURATION) 7 DAYS

Contributory 6 weeks (DURATION) ~~DAYS~~

(Signed) W. A. Smith M. D.

Oct 19 1908 (Address) 528 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Oct 20 1908
UNDERTAKER	ADDRESS
Jos. Stuntebeck	1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C16463 Registered No. C 16463

CERTIFICATE OF DEATH.

C 16463 1908

(Place of Death.) No. 612 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. Harvey

Residence, Give Street and Number, 612 Dover St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR C

DATE OF BIRTH Aug 30 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER James Harvey

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Hester Green

BIRTHPLACE OF MOTHER (State or county) Balto Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Harvey

(Address) 612 Dover St,

Filed 10/20 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Cranium

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Walters M. D.

Address 1 Conn Ave

Date Oct 19 1908

Place of Burial Mt Auburn Cem

Date Oct 20 1908

Undertaker M. Doyle & Son

Address 17 E Lee, St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C ~~16468~~ 17 C16464

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Bunby.

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M	W.

DATE OF BIRTH — 1

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) England

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Oct 18 1908

that I last saw h in alive on Oct 18 1908

and that death occurred, on the date stated above, at 10 55 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) — DAYS

Contributory (Primary) Pulmonary

(DURATION) DAYS

(Signed) [signature] M. D.

Address Bay View Asylum

Date Oct 18 1908

Place of Burial COLLEGE OF PHYSICIANS & SURGEONS

Date OCT 19 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St.

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

209

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — Registered No. B C16465

C16465

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1708 Bolton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Wm Floyd

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 9 1888

AGE 20 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm Floyd

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Rose Cuppelumer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Andrew Floyd

(Address) 1708 Bolton St

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from July 28 1908 to Oct 18 1908 that I last saw him alive on Oct 18 1908 and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 7 DAYS

Con'tributory (Primary) General

Prostration (DURATION) 7 DAYS

(Signed) Wesley Cole M.D.

Address 735 N Fulton Ave

Date OCT 19 1908 190

Place of Burial Cedar Hill

Date Oct 20 1908

Undertaker W J Tickner Sons

Address Camden Place

WM. J. C. DULANY CO., BALTIMORE

Dr Cole 735 N Fulton

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C16466

Ward 16 C16466 Registered No. B

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1337 W. Lafayette Ave, St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary E. Dowell

{Residence, if in Baltimore, Give Street and Number.} 1337 W. Laf. Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 13 1838

AGE 70 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Brown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W B Anderson

(Address) 1337 W Lafayette Ave

Filed 10/20 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 25th 1908 to Oct 18th 1908

that I last saw her alive on Oct 18 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis and weakness. She was an invalid for 8 or 10 yrs - suffering with Chronic Rheumatism.

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Chas H Burbett M.D.

Address 1100 W. Lafayette Ave

Date Oct 19th 1908.

Place of Burial Loudon Park Cem

Date Oct 20 1908

Undertaker W Tuckey & Co

Address Carlton Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

C16467

Ward 5

Registered No. B 16467

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 153 East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estella V. Wood

{Residence, if in Baltimore, Give Street and Number.} 153 East St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1872

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Woods.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Sewing.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lanna Jackson

(Address) 153 Rogers Ave.

Filed 10/20 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 18th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14th 1908 to Oct 18 1908

that I last saw h er alive on Oct 18 1908 2.30

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis (DURATION) 3 DAYS

Contributory (Primary.)

Bilious Malaria (DURATION) 6 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave.

Date Oct 19th 1908.

Place of Burial Laurel

Date Oct 20th 1908

Undertaker R. F. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C16468

Registered No. C16468 19

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Haber

Residence, Give Street and Number, 318 N. Paca St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female. COLOR: White.

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. ~~Single~~ Married

BIRTHPLACE (State or county) Germany.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or county) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or county) ✓

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Heiser

(Address) 318 N. Paca St

Filed 10/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 19 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Oct 19 1908 that I last saw h[illegible] alive on Oct 19 1908 and that death occurred, on the date stated above, at 9.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

renal dilatation

heart

(DURATION) DAYS

Contributory (Primary) Hemorrhage in brain

(Hemiplegia) (DURATION) DAYS

(Signed) William L. Burns, M. D.

Address St Josephs Hospital

Date Oct 19th 1908

Place of Burial Loudon Park Cemetery

Date October 21 1908

Undertaker Mrs. A. Rohde & Son

Address 730 Monroe Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPART[illegible]

Ward 9 — C16469 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 10 Washington ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August G. Kahler

{Residence, if in Baltimore, Give Street and Number.} No 10 Washington st (Homestead)

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	August 28th 1886
AGE	22 years, 1 months, 21 days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Michael J. Kahler
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Louisa J. Hemle
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Kahler

(Address) No 10 Washington st

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1908

I HEREBY CERTIFY, That I attended deceased from October 7 1908 to oct 15 1908

that I last saw him alive on oct 15 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(Exhaustion)

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

about 9 months (DURATION) DAYS

(Signed) H Young Westbrook M.D.

Address 28 Goldsmith ave

Date October 15 1908

Place of Burial Jerusalem Lutheran Cemetery

Date October 22nd 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 6470

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Selva

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH —

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Hawaiian Islands

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Cabin

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM

Filed 10/20 1908 HENRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from Oct 3 1908 to Oct 18 1908

that I last saw h— alive on Oct 18 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Exhaustion.

(DURATION) DAYS

Contributory (Primary) Cystitis

(DURATION) DAYS

(Signed) J. W. Eshe M. D.

Address Bay View Hosp.

Date Oct 19 1908

Place of Burial Sacred Heart

Date Oct. 20" 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH

Ward 4 C16471 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 W. Saratoga St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelia Morris

{Residence, if in Baltimore, Give Street and Number.} 626 W. Saratoga St.

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — — 1853

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER William Morris

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Morris

(Address) 626 W Saratoga

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Oct 19 1908 that I last saw her alive on Oct 19 1908, and that death occurred, on the date stated above, at 4.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Ac Pulmonary Tuberculosis

(DURATION) 1 DAYS

Contributory (Primary.) Bronchitis

(DURATION) DAYS

(Signed) Edw Short, M.D.

Address 533 Robert st

Date Oct 19, 1908

Place of Burial Mt Grow Cemetery

Date Oct 21st 1908

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW P...

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C C16472

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 E Biddle St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Mullen

Residence, Give Street and Number, 408 E. Biddle St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 73 years, — months, — days

~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Thos. Galloway

BIRTHPLACE OF FATHER (State or county): Pa

MAIDEN NAME OF MOTHER: Rachael Banks

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. R. G. Nelson

(Address) 408 E Biddle St.

Filed 10/20 1908 HENRY C. ANDREWS, DEPUTY CLERK, Registrar.

Dr Beck

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 17th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1 1904 to Oct 18 1908 that I last saw her alive on Oct 17 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary) Paralysis Agitans (DURATION) 15 yrs DAYS

(Signed) A G Beck M. D.

Address 214 E Preston St

Date Oct 18th 1908

Place of Burial Baltimore

Date Oct 20, 1908

Undertaker H C Weidefeld Co

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C C10473

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 842 Greenmount Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine A. Kelly

Residence, Give Street and Number, 842 Greenmount Ave.

Duration of Residence in Baltimore, about 50 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Frank Kelly

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Catherine Cook

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 842 Greenmount Ave

Filed 10/20 1905

HENRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 19. 1905

I HEREBY CERTIFY, That I attended ~~deceased from~~

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8:30 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm Autry, Coroner M. D.

Address 1639 Bremerton

Date October 19 1905

Place of Burial Holy Cross

Date Oct 21- 1905

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 16 C16474 Registered No. B C16474

142

CERTIFICATE OF DEATH.

(Place of Death.) No. Gelston Heights Franklin Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thelma Minerva Hemps

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frederick S Hemps

BIRTHPLACE OF FATHER (State or country): Frederick Co. Md.

MAIDEN NAME OF MOTHER: Sadie Bargar

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick S Hemps

(Address) Gelston Heights

Filed 10/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 20th, 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1st 1908 to Oct 20th 1908 that I last saw her alive on Oct 17th 1908, and that death occurred, on the date stated above, at 7-20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

Cancerum Oris (DURATION) 5 Months

(Signed) [illegible] M.D.

Address 3050 W North Ave

Date Oct 20th 1908

Place of Burial Lorraine Cemetery

Date October 21 1908

Undertaker Wm Ford

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE L

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C16475 — Registered No. C C16475

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Weber

Residence, Give Street and Number, 1 N. Bradford

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M — COLOR W

DATE OF BIRTH ..... 1 .....

AGE 31 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Henry Weber

BIRTHPLACE OF FATHER (State or county) Balto Md

MAIDEN NAME OF MOTHER Mary Reinhart

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST ~~OF~~ OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin Weber

(Address) 1 N Bradford St

Filed 10/20 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 19 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to 190

that I last saw h... alive on 190

and that death occurred, on the date stated above, at 8½ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide by acid Carbol

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Fredk Cullen M. D.

Address Corner

Date Oct 19 1908

Place of Burial Baltimore Md

Date Oct 22 1908

Undertaker Wm Cook

Address 502 E Pratt St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW

HEALTH DEPARTMENT, City of Baltimore.

Ward [redacted]

Registered No. C C16476

CERTIFICATE OF DEATH. C16476

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Rzaka. (Rapka)

Residence, Give Street and Number, 3316 Fait Ave.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White.

DATE OF BIRTH: Jan 13/1900.

AGE: 8 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Co Md

FULL NAME OF FATHER: Christopher Roepke

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Era B. Goeth

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christopher Ropke.

(Address) 3316 Fait Ave.

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct. 18 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6 1908 to Oct. 18 1908

that I last saw him alive on Oct. 18 1908

and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Meningitis & Typhoid.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) William F. Brown M. D.

Address St. Joseph's Hospital

Date Oct. 18th. 1908.

Place of Burial Sacred Heart Cem.

Date October 21 1908

Undertaker Jno Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C16477 THIS IS A PERM

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C16477

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 Park ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Mountell

Residence, Give Street and Number, 1423 Park ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Nov. 1st 1836

AGE 71 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Charles Montague Montell

BIRTHPLACE OF FATHER (State or county) Nassau, New Providence

MAIDEN NAME OF MOTHER Mary Graham Cawson

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Du Bois

(Address) 1423 Park ave.

Filed 10/20 1908

HENRY C. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 20th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1908 to Oct 19th 1908

that I last saw her alive on Oct 15th 1908

and that death occurred, on the date stated above, at 5-30 P M.

CAUSE OF DEATH (Secondary or Immediate,) Exhaustion, back stomach tumor. Supposed to be Malignant

(DURATION) 6 mo DAYS

Contributory (Primary)

(DURATION) 6 mo DAYS

(Signed) Geo H. Carmel M. D.

Address 21 W. 25th st.

Date Oct 20th 1908

Place of Burial Mt Thomas Cem & Carrion Point Cem

Date Oct 21 1908

Undertaker Henry W Jenkins Son Co

Address 300 Madison Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C1.6478

City of Baltimore, (No. 203 Hall Mower Alley St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence Clark.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: Not known 1 (Month) (Day) Year)

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto City.

FULL NAME OF FATHER: Cyrus Harrison

BIRTHPLACE OF FATHER (State or country): Harford Co Md

MAIDEN NAME OF MOTHER: Martha Johns.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Hutton

(Address) 203 Hall Mower Alley

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 16th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1908 to Oct 16th 1908 that I last saw her alive on Oct 15th 1908, and that death occurred, on the date stated above, at 2 o'clock P. M. The CAUSE OF DEATH was as follows:

Pleuro Pneumonia right
Interstitial Nephritis
Oedema lungs &c. (A.M. by Dr. Kirkley)
Wm. Kirkley M. D. Coroner

(DURATION) 5 DAYS

Contributory Cerebral

(DURATION) 5 DAYS

(Signed) [illegible] M. D.

1908 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Ashbury — DATE OF BURIAL: Oct 21 1908

UNDERTAKER: J A Ellicott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C16479

Ward 10 C16479 Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1605 Arlington St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwards Johnson

{Residence, if in Baltimore, Give Street and Number.} 863 Nine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 42 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Augustus Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 965 Hunter St

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F Carruthers M.D.

Address Coroner

Date Oct 18 1908

Place of Burial Mt Auburn Cemetery

Date Oct 21 1908

Undertaker R A Stallo

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16480

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16480

Registered No. B .....

City of Baltimore, (No. 1315 Ulston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephen Woodford

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown (Month) 1 (Day) Year)	
AGE: about 63 years ..... years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Luiten Woodford	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Lucinda Capshaw	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: Driver	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Woodford

(Address) 436 Register St

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 19 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from about July 1 1907 to Oct. 18 1908, that I last saw h.. alive on Oct. 18 1908, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

General Dropsy

6 mos, (DURATION) ~~DAYS~~

Contributory Heart Disease 1 year, (DURATION) ~~DAYS~~

(Signed) Lizzie Boardman M. D.

Oct 19 1908 (Address) 702 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Oct. 22 1908
UNDERTAKER: R A Elliott	ADDRESS: 506 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 16481 Registered No. B C16481

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 619 Collett Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grafton Boone

{ Residence, if in Baltimore, Give Street and Number. } 619 Collett Street

Duration of Residence in Baltimore. over 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Dont know

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Dont know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henretta Boone

(Address) 619 Collett st

Filed 10/20 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19. 1908

I HEREBY CERTIFY, That I attended deceased from Mch. 10, 1908 to Oct. 19 1908 that I last saw h~~im~~ alive on Oct 19 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia Coma (DURATION) 4 DAYS

Contributory (Primary.) Arterio-Sclerosis

Of Nephritis (DURATION) 273 days.

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St

Date Oct. 20 1908.

Place of Burial National Cemetery

Date Oct 21 1908

Undertaker R. S. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE BACK.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C 16482

21

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 S Paca St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H Duckett

Residence, Give Street and Number, 1024 S Paca.

Duration of Residence in Baltimore, 32 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 29th 1876

AGE: 32 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: John K. Duckett

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Ellen Feeney

BIRTHPLACE OF MOTHER (State or county): Maine

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Duckett

(Address) 1223 Scott St.

Filed 10/20 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 10/20 1908

I HEREBY CERTIFY, That I attended deceased from September 27 1908 to Oct 20 1908

that I last saw him alive on Oct 19 1908

and that death occurred, on the date stated above, at 4 M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthma

(DURATION) — DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) — DAYS

(Signed) R B Freeman M. D.

Address 643 Columbia Ave

Date 10/20 1908

Place of Burial Western Cemetery

Date Oct 22 1908

Undertaker F. A. Krauss & Bro

Address 703 Hanover St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16483

City of Baltimore, (No. 1144 Cleveland St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Graves

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May (Month) 27 (Day) 1823 (Year)

AGE 85 years, 4 months, 20 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Kent Co Md

FULL NAME OF FATHER Robert Toon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Kajiah Wightland

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mollie Barnes

(Address) 1144 Cleveland

Filed 10/20 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17" (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Oct 17" 1908

that I last saw her alive on Oct 14 1908,

and that death occurred, on the date stated above, at 7.55 P.M. The CAUSE OF DEATH was as follows:

Obscure Atrophic Nephritis

(DURATION) 120 DAYS

Contributory (DURATION) DAYS

(Signed) B F Phillips M.D.

Oct 18 1908 (Address) 929 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Olivet Cem | DATE OF BURIAL October 21 1908

UNDERTAKER Joseph B Cook | ADDRESS 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C16484 — Registered No. B C16484 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 or Eutaw House Ave and E Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harry E. F. Grout

{Residence, if in Baltimore, Give Street and Number.} #222 E Baltimore St

Duration of Residence in Baltimore 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 9th 1865

AGE: 43 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John E Grout

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah F. Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Hotel manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mason E Grout

(Address) 1227 Greenmount Ave

Filed 10/20 1908 HARRY C. ANDREWS, PERRITT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19th 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ ~~190~~ ~~to~~ ~~190~~ that I last saw ~~h~~ ~~alive on~~ ~~190~~ about 3 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Acute Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Whitty Lemmon M.D.

Address 1639 Bundum

Date Oct 20 1908

Place of Burial Reisterstown Md

Date Oct 21st 1908

Undertaker Martin Fahey & Sons

Address 640 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C16485 Registered No. B C16485

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 William St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George William Walper

{Residence, if in Baltimore, Give Street and Number.} 916 William St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH October 19th 1908

AGE, ...years, ...months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Geo William Walper

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Carrie E Schwarz

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Schwarz

(Address) 96 Holland St.

Filed 10/20 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19th 1908 to Oct 20th 1908 that I last saw him alive on Oct 19 1908, and that death occurred, on the date stated above, at 3:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G A Burkhart M.D.

Address 222 E Cross St

Date Oct 20th 1908

Place of Burial Schwartz's Cem

Date Oct 20 1908

Undertaker Jno F Ford & Son

Address 1232 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C16486 C16486

Ward 1 Registered No. B 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 S. Hanover St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Andrew Koenetaki

{Residence, if in Baltimore, Give Street and Number.} 1213 S. Hanover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Oct 18 1908

AGE — years, — months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Frank Koenetaki

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Simonski

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Koenetaki

(Address) 1213 S. Hanover St

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19 1908 to Oct 20 1908 that I last saw h— alive on Oct 19 1908 and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) 1 hours

Con'tributory (Primary.) Acute Indigestion

(DURATION) 1 DAY

(Signed) [illegible] M.D.

Address Canton Dispensary

Date Oct 20 Th 1908

Place of Burial St Stanislaus

Date Wednesday Oct 21 St. 1908

Undertaker M. J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 x C16487 Registered No. B C16487

CERTIFICATE OF DEATH.

27

(Place of Death.) No. U S Morris Hospital Remington Ave by 31st St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Jonny White

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 95 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Mah | COLOR Negro

DATE OF BIRTH 1

AGE 22 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓

BIRTHPLACE (State or country) N. Car.

FULL NAME OF FATHER ✓

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Ironman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Williams

(Address) U.S. Morris Hospital

Filed 10/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20. 1908

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to October 20 1908 that I last saw h[illegible] alive on October 20 1908 and that death occurred, on the date stated above, at 6:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular lungs and pericardium

(DURATION) [illegible] DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. L. Williams M.D.

Address U.S. Morris Hospital

Date October 20 1908

Place of Burial Asbury Cemetery

Date Oct 22 1908

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C16488 Registered No. B C16488

CERTIFICATE OF DEATH.

67

(Place of Death.) No Bay View Hospital, Insane Dept St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David S. Woolery

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER L. J. Woolery.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah J. Woolery

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/20 1908 HENRY C. ANDREWS, CITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Oct 18 1908 that I last saw him alive on Oct 18 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Paresis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Asylum.

Date October 19th 1908.

Place of Burial Oak Lawn Cemetery

Date October 21st 1908

Undertaker Liston P. Fussellbaugh

Address 570 N Gay st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C16489 Registered No. BC16489

CERTIFICATE OF DEATH.

(Place of Death.) No. 624 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Magnolia Labrade

{Residence, if in Baltimore, Give Street and Number.} 624 George St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Feb. 4 1907

AGE: 1 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt. Md

FULL NAME OF FATHER: James H Labrade

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Labrade

(Address) 624 George St

Filed Oct 21 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1908 to Oct 20 1908 that I last saw her alive on Oct. 20 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia &
(Convulsions)

(DURATION) DAYS

Con'tributory (Primary.) Whooping Cough

(DURATION) DAYS

(Signed) Jno. G. Strobel M. D.

Address 901 Myrtle Ave

Date Oct. 20. 1908

Place of Burial St. Peters Cemetery

Date Oct. 20th 1908

Undertaker Felix B. Pyle.

Address 102 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12x

Registered No. B C16490

112

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital, Baltimore, Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) Stant

Full Name Sewell H. Stant.
Sewell. H. Stant.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Twenty-five days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Edmond Stant

BIRTHPLACE OF FATHER (State or country): Accamac Co Va

MAIDEN NAME OF MOTHER: Smilley Corbin

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S.L. Williams

(Address) U.S.M. Hospital

Filed Oct 21 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 18 1908

I HEREBY CERTIFY, That I attended deceased from September 23 1908 to Oct 18 1908 that I last saw him alive on Oct. 18. 1908 and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, hypostatic

(DURATION) DAYS

Contributory (Primary.) Cirrhosis of liver

(DURATION) DAYS

(Signed) S.L. Williams M.D.

Address U.S. Marine Hospital

Date Oct. 19 1908

Place of Burial Loudon Park Cemetery

Date Oct 21st 1908

Undertaker H.E. Hughes

Address 1718 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. C C16491

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Madeira St & Ashland Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Lang

Residence, Give Street and Number, 813 N Madeira

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 43 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER John Lang

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Ursula Aumiller

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Lang

(Address) 522 Baxter St

Filed 10/21 190 8

HENRY C. ADDRAMS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 18 — 190 8

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 730 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Fracture of Spine - fell in sewer.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo. Carrillus M. D.

Address Coroners Office

Date Oct 20 — 08 190

Place of Burial Holy Redeemer

Date Oct. 21 — 190 8

Undertaker Wendell Whipple & Son

Address 330 S Bond

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C16492 — Registered No. B C16492

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 517 S Wuhann St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helina Bettiejeska

{ Residence, if in Baltimore, Give Street and Number. } 517 S Wuhann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 2 1908

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph Bettiejeski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Lienanda Dirlinska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bettiejeski

(Address) 517 S Wuhann St

Filed 11/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Oct 20 1908

that I last saw h— alive on Oct 20 1908,

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Bradly

Date Oct 21 1908

Place of Burial St Stanislaus

Date Octo 21 1908

Undertaker Joseph Zborowski

Address 1703 Ulrianna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C16493 Registered No. B C16493

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 1400 E Lombard St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jake Warner

{Residence, if in Baltimore, Give Street and Number.} 1400 Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 19 1907

AGE: ..... years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Philip Warner

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rueben Warner

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Warner

(Address) 1400 E Lombard St

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Oct 20 1908 that I last saw h[illegible] alive on 11 " 1908 and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate)

1. Acute Indigestion

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Collenberg M.D.

Address 1810 E Baltimore St

Date Oct 20 1908

Place of Burial Hebrew Boardale Cem

Date Oct 21 1908

Undertaker Mark Levinson

Address 1626 McElderry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

44

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16494

PRESBYTERIAN EYE, EAR & THROAT

City of Baltimore, (No. ..... St.; ..... Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

CHARITY HOSPITAL.

FULL NAME Henry Lednum (Ledmum)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1890 (Year)

AGE: 15 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): North Carolina.

FULL NAME OF FATHER: Geo. W. Ledmum.

BIRTHPLACE OF FATHER (State or country): North Carolina.

MAIDEN NAME OF MOTHER: Fannie P. Cobb.

BIRTHPLACE OF MOTHER (State or country): North Carolina.

OCCUPATION OF DECEASED: ___ ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. L. Ledmum

(Address) Washington D.C.

Filed 10/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 20 (Day) 1905 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 6 1905 to Oct. 20 1905 that I last saw h~~im~~ alive on Oct. 20 1905, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Impalpisant Erysipelas (Abscess of Face)

(DURATION) 2 ~~years~~ DAYS

Contributory Shock

(DURATION) ..... DAYS

(Signed) Wm. G. Ellingwood Resident M. D.

PRESBYTERIAN EYE, EAR & THROAT

Oct. 20 1905 (Address) 1007 E. Baltimore St.

CHARITY HOSPITAL

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Liberty, N.C. How long at Place of Death? 14 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Liberty N. Carolina — DATE OF BURIAL: Oct 24 1905

UNDERTAKER: Wm J Tucknerstna — ADDRESS: Cynthiana Ky

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C16495 Registered No. B C16495

138

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 N. Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Madeline M. Stafford

{ Residence, if in Baltimore, Give Street and Number. } 1302 N. Gilmore st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 16 1885

AGE 22 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Eugene Uland

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Theresa Remps

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Stafford

(Address) 1302 N. Gilmore St

Filed 10/21 1908. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 19 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19th 1908 to Oct 19th 1908 that I last saw h alive on Oct 19th 1908, and that death occurred, on the date stated above, at 11:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Eclampsia
Convulsions. Asthenia

(DURATION) 1 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 1056 W Franklin St

Date Oct 20th 1908

Place of Burial London Park Cemetary

Date October 21st 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16496

Ward 5 C16496 Registered No. B

120

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Raphael Spurgin

{ Residence, if in Baltimore, Give Street and Number. } 226 South Eden Street

Duration of Residence in Baltimore. 4 Yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 35 years, ... months, ... days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Russia	
FULL NAME OF FATHER: Nissin Spurgin	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Sola Konan	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lou Miller

(Address) Eden & Lough

Filed 10/21 1908

HARRY C. ARDEMIS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Oct 21 1908 that I last saw him alive on Oct 21 1908, and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis.

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J H Hanes M.D.

Address Johns Hopkins Hospital

Date Oct 21 1908

Place of Burial Hebrew Rodedale Cem

Date Oct. 21, 1908

Undertaker Mark Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. C 16497

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Gilbert

Residence, Give Street and Number, 410 E Pratt St

Duration of Residence in Baltimore, 2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 24 1

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Gettysburg

FULL NAME OF FATHER: Dent Knox

BIRTHPLACE OF FATHER (State or county): Gettysburg

MAIDEN NAME OF MOTHER: Rose S Evans

BIRTHPLACE OF MOTHER (State or county): New York

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Gilbert

(Address) 410 Est Pratt St

Filed 10/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 1908 to Oct 20 1908

that I last saw him alive on Oct 20 1908

and that death occurred, on the date stated above, at 1

6. M. CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage from bowel

(DURATION) DAYS

Contributory (Primary) Typhoid fever

(DURATION) DAYS

(Signed) William L Burns M. D.

Address St Josephs Hospital

Date Oct 20th 1908

Place of Burial Gettysburg Pa

Date Oct 22" 1908

Undertaker H. S. Feight

Address 213 E. Pratt St

Remarks

HEALTH DEPARTMENT, City of Baltimore.

C16498 C16498

Ward 15 Registered No. B

99

CERTIFICATE OF DEATH.

(Place of Death.) No. 1365 Carey st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victoria Dominiga

{Residence, if in Baltimore, Give Street and Number.} 1365 Carey 20

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH ~~1908~~

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER J W Diggs

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Victoria Ennis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Diggs

(Address) 1365 Carey St

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Oct 20 1908 that I last saw ~~her~~ alive on Oct 19 1908, and that death occurred, on the date stated above, at 745 a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia contributed

Heart failure

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) Geo W Kennard M.D.

Address 748 Ensor St

Date Oct 20 1908

Place of Burial Laurel Cemetery

Date Oct 23rd 1908

Undertaker Laurence O'Donnell

Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16499

City of Baltimore, (No. 504, Allendale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Boore (Beere)

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: August (Month) 15 (Day) 1850 (Year)

AGE: 57 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Clonmel, Co. Tipperary, Ire'd

FULL NAME OF FATHER: Martin Power Calloway

BIRTHPLACE OF FATHER (State or country): Clonmel, Ireland

MAIDEN NAME OF MOTHER: Mary McDermott

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Jno. Edward Boore

(Address) Annandale Md.

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 29 1908 to October 19 1908 that I last saw h.e alive on October 19 1908, and that death occurred, on the date stated above, at 6.55 P.M. The CAUSE OF DEATH was as follows:

Left cerebral hemiplegia

and hemiparesis (DURATION) DAYS

Contributory Bilious carbuncle and

chalazion (DURATION) 4 mos. DAYS

(Signed) Joseph L. Kunkel M. D.

Oct. 19 1908 (Address) 1823 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Oct. 22 1908
UNDERTAKER	ADDRESS
Jno. A. Moran	Bank & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C16500 WHITE PERMIT WITH CERTIFICATE THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 Registered No. C C16500

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 85 Brick Hill St. Mt. Vernon

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cora. Stella. Chambers

Residence, Give Street and Number, 85 Brick Hill Mt. Vernon

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH July 6 th 1883

AGE 25 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Henry. Murray

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Sophia. Frederick

BIRTHPLACE OF MOTHER (State or county) Maryland.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C. Chambers

(Address) 85 Brick Hill.

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 21st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to October 1908 that I last saw h-er alive on Oct 14 1908 and that death occurred, on the date stated above, at 1.25 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) W. H. Smith M. D.

Address 3429 Chestnut Ave

Date Oct 21 1908

Place of Burial Poplar. Balto. Co. Md

Date Friday Oct. 23rd 1908

Undertaker Wm. E. Chenoweth

Address 919 3rd Ave. Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C16501

Ward 6 C16501 Registered No. B

CERTIFICATE OF DEATH.

93

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Roden

{ Residence, if in Baltimore, Give Street and Number. } Fairmont Avenue

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 69 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/21 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 13th 1908 to Oct 18th 1908 that I last saw h[im] alive on Oct 18th 1908, and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. M. Hanes M.D.

Address Johns Hopkins Hospital

Date October 18th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 20 1908 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

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HEALTH DEPARTMENT, City of Baltimore. C16502

Ward 24 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1166 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry T Cox

{Residence, if in Baltimore, Give Street and Number.} 1166 W Hamburg

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 1853

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Petersburg Va

FULL NAME OF FATHER Henry Cox

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rebecca Collins

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Ramsey

(Address) 1166 W Hamburg

Filed 10/21 1908

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 17 1908 to Oct 20 1908 that I last saw h im alive on Oct 19 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemmuhage Stroke apoplexy

(DURATION) 4 DAYS

Contributory (Primary.) Paralysis

(DURATION) 4 DAYS

(Signed) J. E. Wise M.D.

Address 855 Columbia ave

Date Oct 20 1908

Place of Burial Founders Park

Date Oct 22nd 1908

Undertaker John J Bowman

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore,

Ward 7 C16503 Registered No. B C16503

CERTIFICATE OF DEATH. 54

(Place of Death.) No. 7 S. Ann St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Charles E. Frailz

{ Residence, if in Baltimore, Give Street and Number. } 7 S. Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 20. 1908

AGE ... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Theo K. Frailz

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Barbra Roth

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Theo K. Frailz

(Address) 7 S. Ann St

Filed 10/21 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 19 1908 190

I HEREBY CERTIFY, That I attended deceased from August 2 1908 to Oct 19 1908 that I last saw him alive on Oct 19 1908 and that death occurred, on the date stated above, at 10 50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anemia

Amyloid degeneration of Spleen & Liver -

3 or 4 months. (DURATION) ... DAYS

Contributory (Primary) Convulsions -

(DURATION) 2 DAYS

(Signed) Alfred Schuchardt M.D.

Address 1415 Eutaw Place

Date OCT 20 1908 190

Place of Burial Oak Lawn Cemetery

Date Oct 21. 190 8

Undertaker Alfred E Fuller

Address 221 N Broadway

Dr Schuchardt
1415 Eutaw Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C16504 Registered No. B C16504

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1443 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lee Ray

{Residence, if in Baltimore, Give Street and Number.} 1443 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct-20 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Mal Nutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comm M.D.

Address 320 ½ Greene St

Date 190

Place of Burial COLLEGE OF P. & S.

Date OCT 20 1908 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

210

HEALTH DEPARTMENT, City of Baltimore. C16505

C16505

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1641 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Henry Harrison Finke

{Residence, if in Baltimore, Give Street and Number.} 1641 E Baltimore St

Duration of Residence in Baltimore. about 32 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Allen Finke

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Mary Daugherty

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Retired Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phoebe E Finke

(Address) 1641 E Baltimore St.

Filed 10/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21st 1908

I HEREBY CERTIFY, That I attended deceased from about Mch 4th 1908 to 21st Oct 1908 that I last saw him alive on 20th Oct 1908, and that death occurred, on the date stated above, at 12 45 a m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 7 yrs DAYS

(Signed) H. B. Reynolds M.D.

Address 507 N Charles

Date Oct 21st 1908

Place of Burial Rock Run Ch. Harford Co. Md.

Date OCT 23 1908 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16506

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C C16506

11d

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Celia Roff

Residence, Give Street and Number, 2105 Christian St.

Duration of Residence in Baltimore, Four months

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Sept 27 1877

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Harry Greenburg

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Ceiley Rompmann

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruffel Roff

(Address) 605 S Payson

Filed 10/21 1908

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 21 1908

I HEREBY CERTIFY, That I attended deceased from 10-15 1908 to 10-21 1908

that I last saw h[illegible] alive on 10-21 1908

and that death occurred, on the date stated above, at 5 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Autointoxication

(DURATION) 6 DAYS

Contributory (Primary) Cholecystitis &

Gall stones (DURATION) 6 DAYS

(Signed) M. A. V. Smith, M. D.

Address Md. Gen. Hospital

Date 10-21 1908

Place of Burial Wash Road Hebron

Date Oct 21 1908

Undertaker McGuire & Carroll

Address 1227 Mulberry St

Remarks

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

C16507

Ward ..... Registered No. C 16507

CERTIFICATE OF DEATH

19

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Herman Von Hein

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W.

DATE OF BIRTH: —

AGE: 80 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: M —

BIRTHPLACE (State or county): Germany —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Oct 20 1908 that I last saw h in alive on Oct 20 1908 and that death occurred, on the date stated above, at 7.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Edema of Lungs.

(DURATION) 3 DAYS

Contributory (Primary) Heart

Chronic — (DURATION) — DAYS

(Signed) H. W. Fahr M. D.

Address Bay View Hospital

Date Oct 20 1908

Place of Burial Baltimore Cemetery

Date Oct. 21. 1908

Undertaker Burns Bros. Balto. Co. served

Address 801 W. Fayette St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C16508 — Registered No. B C16508

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 1155 E. Ft. Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Maggie E. Miller

{Residence, if in Baltimore, Give Street and Number.} 1155 E. Ft Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Oct 14 1881

AGE 27 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George J. Schuman

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Grace Sweet

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo J Schuman

(Address) 1111 E Ft Ave

Filed 10/21 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8 1908 to Oct 19 1908

that I last saw her alive on Oct 19 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malarial Fever with Dysentery. (DURATION) 10 DAYS

Contributory (Primary.) Hemorrhage. (DURATION) Short time DAYS

(Signed) J. K. Wiley M.D.

Address 7 W. N. Carey St

Date Oct. 21 1908

Place of Burial LOUDON PARK.

Date OCT 22 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C16509 Registered No. B C16509

81

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Morris

{ Residence, if in Baltimore, Give Street and Number. } 514 Colonial Ave Norfolk Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 13th 1852

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): N. Y. City

FULL NAME OF FATHER: John Jacobs

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dora Jacobs

BIRTHPLACE OF MOTHER (State or country): London England.

OCCUPATION OF DECEASED: None other than Wife & mother ~~Female~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur J. Morris

(Address) Norfolk Va

Filed 10/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 13 1908 to Oct 20 1908

that I last saw her alive on Oct 20 1908,

and that death occurred, on the date stated above, at 9 30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cerebral haemorrhage.

(DURATION) 4½ hrs ~~DAYS~~

Contributory (Primary.) Arteriosclerosis

(DURATION) years ~~DAYS~~

(Signed) J. M. Hanes M.D.

Address Johns Hopkins Hospital

Date Oct 20" 1908

Place of Burial Norfolk Va

Date Oct 22 1908

Undertaker D. Kundla

Address 160 Tidewater ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C16510

Ward 20 C16510 Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 302. 5th Pulaski St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth C. Zimmerman

{Residence, if in Baltimore, Give Street and Number.} 302. 5th. Pulaski St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH February, 12th 1889

AGE 19 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Zimmerman, Fred

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Anna Zipk

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fr. Heidrich

(Address) 2151. Wilkens Ave.

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October, 20th 1908.

I HEREBY CERTIFY, That I attended deceased from September 20th 1908 to October, 20th 1908

that I last saw her alive on October 20th 1908. 11 A.M. and that death occurred, on the date stated above, at ——— P. M. CAUSE OF DEATH (Secondary or Immediate.)

Patient suffered when seen first from "pernicious Anaemia and organic Heart-disease Hypertrophy & Dilatation (DURATION) ——— DAYS

Contributory (Primary.) Dyspnoea. terminated in death (DURATION) 10 DAYS

(Signed) Fr. Heidrich M.D.

Address 2151 Wilkens Ave

Date October, 20th 1908

Place of Burial Lauden Park

Date Oct 22" 1908

Undertaker N. S. Pink

Address 2113 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16511

Ward 24 — C16511 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 450 E. Cross St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H. Johnson

{Residence, if in Baltimore, Give Street and Number.} 450 E. Cross St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 21 1908

AGE: ____ years, 2 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James H. Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Clara E. Pletch

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Johnson

(Address) 450 E. Cross St

Filed 10/21 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19 1908 to Oct 20 1908 that I last saw h-- alive on Oct 20 1908, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Edward Smith M.D.

Address 910 Light St.

Date Oct 21 1908

Place of Burial Baltimore Cemetery

Date October 22 1908

Undertaker Edward L. Lanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON BACK HEREOF.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16512

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George D Wilson

Residence, Give Street and Number, 511 Walnut Alley

Duration of Residence in Baltimore, 8 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 8 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. — —

BIRTHPLACE (State or county) Balt City

FULL NAME OF FATHER Charles H Wilson

BIRTHPLACE OF FATHER (State or county) Balt City

MAIDEN NAME OF MOTHER Mary Baker

BIRTHPLACE OF MOTHER (State or county) Balt City

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H Baker

(Address) 511 Walnut Alley

Filed 10/21 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from 10-19 1908 to 10-20 1908

that I last saw him alive on 10-20 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

Contributory (Primary) * Tetanus. (DURATION) 1. DAYS

(DURATION) 2 DAYS

(Signed) M. A. V. Smith M. D.

Address Md Gen. Hospital

Date Oct 21 1908

Place of Burial Mount Zion

Date Oct 22 1908

Undertaker John H Bowers & Son

Address 1222 Division St

Remarks Was walking along and accidentally stuck piece of glass in foot, resulting in inf. Case as above. A.D.S.

A.D.S. OK

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 16513

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 84 Lemmon Ln. Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name St Francis Eastman

Residence, Give Street and Number, St Vincents Infantry

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH Sept. 1 1907

AGE 1 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed 10/21 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 21 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 20 1908

that I last saw h alive on " " 1908

and that death occurred, on the date stated above, at 4

4 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 21 1908

Place of Burial New Cathedral

Date Oct. 22 1908

Undertaker Martin Kirby & Son

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 16514

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt of Fisher St Vincents Inf Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Fisher

Residence, Give Street and Number, St Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR Dr.

DATE OF BIRTH Sept 30 1908

AGE ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address) .....

Filed 10/21 1908 HARRY O. ARDERS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 21 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct. 20 1908

that I last saw h alive on Oct 20 1908

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John O Manning M. D.

Address St Vincents Hospital

Date Oct 21 1908

Place of Burial Green Cathedral

Date Oct 22 1908

Undertaker Martin Fahy & Sons

Address 600 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16515 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16515

Ward 1

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 822 Hoffman ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Stengle

Residence, Give Street and Number, 822 Hoffman ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: W

DATE OF BIRTH: Dec 14 1861

AGE: 47 years, — months, — days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ W

BIRTHPLACE (State or county): Prussia

FULL NAME OF FATHER: Benno Zucker

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Mary Rosen

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Stengle

(Address) 822 Hoffman ave

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to Oct 20 1908

that I last saw her alive on Oct 20 1908

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma of left breast (DURATION) — DAYS

(Signed) W. E. Langum M. D.

Address 2040 E. Pratt

Date Oct 21 1908

Place of Burial Mt Carmel

Date Oct 22 1908

Undertaker Hart & Fischer

Address 1422 N. Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C16516 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 16516

CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah McLaughlin

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR Wr.

DATE OF BIRTH —

AGE 78 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Oct 20 1908 that I last saw h alive on Oct 20 1908 and that death occurred, on the date stated above, at 3 PM

M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy

(DURATION) — DAYS

Contributory (Primary) Chronic Coma

(DURATION) ... DAYS

(Signed) W W Eshleman M. D.

Address Bay View Hospital

Date Oct 22 1908

Place of Burial Loudon Park

Date Oct 22 1908

Undertaker Robt J Turner

Address 1742 & 1744 Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C16517 C16517

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 S Schroeder St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John H Burgess

{ Residence, if in Baltimore, Give Street and Number. } 120 S Schroeder St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 18 1874

AGE: 30 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John H Burgess

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sallie Matthieson

BIRTHPLACE OF MOTHER (State or country): Washington D.C.

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S Burgess

(Address) 205 Schroeder

Filed 10/22 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Oct 22 1908 that I last saw h— alive on Oct 21 1908 and that death occurred, on the date stated above, at 5'20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever (DURATION) DAYS

Contributory (Primary) Hemorrhage (DURATION) DAYS

(Signed) Edw Crumpton M.D.

Address 617 Lemmon

Date Oct 22nd 1908

Place of Burial Loudon Park Cem

Date Oct 25 1908

Undertaker Jos B Cook

Address 1018 N Bulto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C16518

Ward 10 C16518 Registered No. B

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 202 N. Gloucester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Hall

{Residence, if in Baltimore, Give Street and Number.} 202 N. Gloucester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH June 21 ~~4 months~~ 1908.

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) B

MAIDEN NAME OF MOTHER Maggie Hall

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James Ruley

(Address) 202 N. Gloucester St

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Oct 21 1908

that I last saw her alive on [illegible] 1908

and that death occurred, on the date stated above, at 1:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 6 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) A. C. Dean M.D.

Address 156 Milton Ave

Date Oct. 21 1908

Place of Burial Trinity Cemetery.

Date October 22 1908.

Undertaker W. C. Grimm - Carroll

Address 1227 Druid Hill Ave.

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C16519 — Registered No. B C16519

CERTIFICATE OF DEATH.

(Place of Death.) No. 1902 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard B. Burg

{Residence, if in Baltimore, Give Street and Number.} 1902 W Fayette St,

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Apl 18 1907

AGE 1 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Jno H Burg

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Lulu Hill

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lulu Burg

(Address) 1902 W Fayette

Filed 10/22 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19th 1908 to Oct 21st 1908 that I last saw h.. alive on Oct 20th 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) E. A. Knorr M.D.

Address 1727 N. Loudon

Date Oct 22nd 1908

Place of Burial Loudon Park

Date Oct 22 1908

Undertaker W. J. Tuckerman & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C016520

C16520

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1322 West St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Ballard

Residence, Give Street and Number, 1322 West St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: John Markel

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: Anna Tyffany

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina Markel

(Address) 1322 West St

Filed 10/22 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 22nd 1908

I HEREBY CERTIFY, That I attended deceased from January of 1908 to Oct 1908 that I last saw h[illegible] alive on about 2 wks ago and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Liver

(DURATION) DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) W. F. Lockwood M. D.

Address 8 E. Eager St

Date Oct 22nd 1908

Place of Burial Baltimore

Date Oct 24/08 1908

Undertaker [illegible]

Address [illegible]

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

☞SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C16521 — Registered No. B C16521

CERTIFICATE OF DEATH.

50

Place of Death.) No. 916 William St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Rosina Schwarz

{ Residence, if in Baltimore, Give Street and Number. } 916 William St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR white

DATE OF BIRTH March 28th 1852

AGE 56 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Siedling

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. S. Schwarz Jr.

(Address) 916 William St.

Filed 10/22 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Oct 20th 1908 that I last saw her alive on Oct 19th. 1908, and that death occurred, on the date stated above, at 7.50 a. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary.)

Diabetes Millitus (DURATION) DAYS

(Signed) E. E. Burdon M.D.

Address 222 E. Cross St.

Date Oct 20th 1908

Place of Burial Schwartz's Lot

Date Oct. 23 1908

Undertaker Leo F. Tyler & Co.

Address 326 William St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C16522 Registered No. B C16522

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 748 Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomon Payne

{Residence, if in Baltimore, Give Street and Number.} 748 Mulberry St.

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1852

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Banks

(Address) 748 W. Mulberry St

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct 20 1908 that I last saw h[illegible] alive on Oct 20 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.) Pulmonary Tuberculosis

about 1 year (DURATION) ..... DAYS

Con'tributory (Primary.) Old age

& Et [illegible] (DURATION) ..... DAYS

(Signed) Edward J. Mcnally M.D.

Address 1230 Druid Hill Ave

Date Oct 20 — 1908

Place of Burial Mt. Auburn Cem.

Date October 22 1908

Undertaker John H. Toadvine

Address 1424 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16523 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C16523

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 248 Stockton St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua Cook

Residence, Give Street and Number, 248 S. Stockton St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1847

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Peter Cook

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Hagar Johnson

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Brooks

(Address) 24 S. Stockton Street

Filed 10/22 190 8 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 19th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Oct 19 1908

that I last saw him alive on Oct 19 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Disease

(DURATION) 5 DAYS

Contributory (Primary) Heart Failure

(DURATION) 5 DAYS

(Signed) [illegible] M. D.

Address 712 S. Paca

Date Oct 21 1908

Place of Burial National Cemetery

Date October 22 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C16524 — Registered No. B C16524

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1821 Glyndon av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James L Price

{Residence, if in Baltimore, Give Street and Number.} 1821 Glyndon av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Nathan Price

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah More

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara L Price

(Address) 1226 Glyndon

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 22 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Oct 21 1908 that I last saw him alive on Oct 21 1908 and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

3 months (DURATION) ..... DAYS

Contributory (Primary.) Anthrax

(DURATION) 1 DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia av

Date Oct 22 1908

Place of Burial Balto Cemetery

Date Oct 24 1908

Undertaker John J Bowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C16525

Ward 21 C~~16515~~ Registered No. B ~~C16515~~

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1118 2 Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nikolai Mendel

{Residence, if in Baltimore, Give Street and Number.} 1118 2 Carey St.

Duration of Residence in Baltimore. 50 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ~~83~~ 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jen Mendel

(Address) 1118 2 Cars

Filed 10/22 1908 HARRY C. ANDREWS, ~~PERMIT~~ CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 16 1908 to Oct 21 1908 that I last saw h~~im~~ alive on Oct 20 1908 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary.) Nephritis

Congestion (DURATION) 35 DAYS

(Signed) Thos Boyd M.D.

Address 602 Columbia

Date Oct 21 1908

Place of Burial Greenmount

Date Oct 23rd 1908

Undertaker John Lehman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Dog

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C16526 Registered No. B C16526

CERTIFICATE OF DEATH. 11

Place of Death.) No. 238 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. McKeldin

{Residence, if in Baltimore, Give Street and Number.} 238 S. Calhoun st

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr 4, 1882

AGE 26 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm H. McKeldin

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sarah Metcalf

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Mfg. of Furniture Trunks

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Ann Metcalf

(Address) 238 S Calhoun St

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 13 1908 to Oct 21 1908 that I last saw h[illegible] alive on Oct 20 1908, and that death occurred, on the date stated above, at 7 30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 127 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard

Date Oct 21 - 1908

Place of Burial London Park Cem

Date Oct 24 1908

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C16527 Registered No. B C16527

CERTIFICATE OF DEATH.

(Place of Death.) No. 2077 N. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Anna Streett

{Residence, if in Baltimore, Give Street and Number.} 2077 N. Mount St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 12th 1890

AGE: 18 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm. Streett

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Clara V Steiner

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Telephone Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara V. Streett

(Address) 2077 N. Monroe

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21st 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Oct 21st 1908 that I last saw her alive on Oct 21st 1908 and that death occurred, on the date stated above, at 10:25 P M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1 DAYS

Contributory (Primary) Phthisis

Pneumonalis (DURATION) 3½ mos

(Signed) W. B. Steiner M.D.

Address 110 S. Gilmor St

Date Oct 22nd 1908

Place of Burial London Park

Date Oct 25 1908

Undertaker Jno. B. Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C16528 Registered No. C C16528

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Weitzman.

Residence, Give Street and Number, 1122 E. Lombard St.

Duration of Residence in Baltimore, 11 years 8

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Russia

FULL NAME OF FATHER: David Bear

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Lipschitz Bear

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Myer Weitzman

(Address) 1122 E Lombard st

Filed 10/22 1908 HARRY C. ANDREWS, Registrar. CITY CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 21, 1908

I HEREBY CERTIFY, That I attended deceased from 9-14-08 1908 to 10-21- 1908 that I last saw her alive on 10-21- 1908 and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary) Acute parenchymatous nephritis (DURATION) 38 DAYS

(Signed) Edward Brady M. D.

Address Hebrew Hospital

Date Oct 24 1908

Place of Burial Holmes Boardale Cemetery

Date Oct. 22, 1908

Undertaker Max Linton

Address 1600 McElderry st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death*** of the person deceased,

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C 16529

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claudio Silva

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR B.

DATE OF BIRTH —

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Portugal.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/22 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 21 1908

I HEREBY CERTIFY, That I attended deceased from Aug 15 1908 to Oct 21 1908

that I last saw h— alive on Oct 21 1908

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary

Tuberculosis (DURATION) ..... DAYS

(Signed) D. T. Fahen, M. D.

Address Bay View Hospital

Date Oct 21 1908

Place of Burial Sacred Heart Cemetery

Date Oct 22" 1908

Undertaker Chas. F. Evans

Address 118 N. Mt. Royal

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. 67[illegible] THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16530

Ward.....

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John McKnight

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. | COLOR W.

DATE OF BIRTH —

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 22 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Oct 22 1908 that I last saw h— alive on Oct 22 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Cancer of Pharynx (DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Oct 22 1908

Place of Burial Sacred Heart Cemetery

Date Oct 22 1908

Undertaker Chas F Eaves

Address 118 N. Mt Clare

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C 16531 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16531

Ward.....

CERTIFICATE OF DEATH.

42

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Hubert

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR W.

DATE OF BIRTH —

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Austria

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Rag Picker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 21 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Oct 21 1908

that I last saw her alive on Oct 21 1908

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy & Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Cancer of Uterus.

(DURATION) ..... DAYS

(Signed) W W Baker M. D.

Address Bay View Hospital

Date Oct 22nd 1908

Place of Burial Second Hebrew Cem

Date Oct 22 1908

Undertaker Chas F Cowen

Address 118 N Mt Avenue

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C16532 — Registered No. B C16532

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1207 N Central Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Catherine E. Crippen

{Residence, if in Baltimore, Give Street and Number.} 1207 N Central Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: March 4th 1841

AGE: 67 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Michael Mackin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Mackin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Wall

(Address) 1207 N. Central Ave

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14th 1908 to Oct 23rd 1908

that I last saw her alive on Oct 20th 1908

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate

Hemiplegia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F A Stolzen M.D.

Address 1507 Eutaw Pl

Date Oct 26th 1908

Place of Burial New Cathedral Cem

Date Oct 23rd 1908

Undertaker Geo M. Fink

Address 811 N. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 Fd C16533 Registered No. B C16533

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 1610 Shakespeare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Chudzik

{Residence, if in Baltimore, Give Street and Number.} 1610 Shakespeare St

Duration of Residence in Baltimore. 5 1/2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) German Poland

FULL NAME OF FATHER — Grajasick.

BIRTHPLACE OF FATHER (State or country) German Poland

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Boleslaw Chudzik

(Address) 1610 Shakespeare St

Filed 10/22 1908 HARRY C. ANDREWS, Registrur
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18th 1908 to Oct. 21st 1908 that I last saw h alive on Oct. 21st 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) A. T. Reis M.D.

Address 213 S. Bradt

Date Oct. 21st. 1908

Place of Burial St Stanislaus.

Date Saturday Oct 24th. 1908

Undertaker M. J. Sadowski.

Address 903 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, sex, *age*, *condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C16534 — Registered No. B C16534

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 62 Lohrs Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Franklin Blaine

{ Residence, if in Baltimore, Give Street and Number. } 62 Lohrs Lane.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Black
DATE OF BIRTH: February 7th 1904	
AGE: 4 years, 8 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto Md.	
FULL NAME OF FATHER: Jas Blaine	
BIRTHPLACE OF FATHER (State or country): Washington D.C.	
MAIDEN NAME OF MOTHER: Mary Eliz- Wicks	
BIRTHPLACE OF MOTHER (State or country): Balto. Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Blaine

(Address) 62 Lohrs Lane

Filed 10/22 1908 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct 07 1908 to Oct 20 1908 that I last saw h— alive on Oct 20 - 1908 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia — (Lobar)

(DURATION) DAYS

Con'tributory (Primary) Gastro-Enteritis 3-4 DAYS

(DURATION) DAYS

(Signed) Geo Mahle M.D.

Address 1932 W Baltimore St.

Date Oct 21 — 1908

Place of Burial Card fellers remetery Catonsville

Date Oct 23 1908

Undertaker Wm J. Johnson

Address 644 Baker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16535 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. C C16535

CERTIFICATE OF DEATH.

(Place of Death.) No. 1931 Fairmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Valentine Gallenz.

Residence, Give Street and Number, 1931 Fairmount Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH 1

AGE 34 years, — months, ... days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER John Gallenz.

BIRTHPLACE OF FATHER (State or county) Germany.

MAIDEN NAME OF MOTHER Anna M. Utenreiter

BIRTHPLACE OF MOTHER (State or county) Germany.

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mabel Gallenz.

(Address) 1931 Fairmount Ave

Filed 10/22 1908

HENRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Oct 20 1908 that I last saw him alive on Oct 15 1908 and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary) Exhaustion

(DURATION) ..... DAYS

(Signed) Walter Coan M. D.

Address 1878 E. Balto St.

Date Oct 21st 1908

Place of Burial Mt Carmel Mem

Date Oct 24th 1908

Undertaker Wendell Hilpert & Bro

Address 330 S. Bond St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14th — C16536 — Registered No. B C16536

CERTIFICATE OF DEATH.

105

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lula Smith

{Residence, if in Baltimore, Give Street and Number.} University Hospital

Duration of Residence in Baltimore. 11 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 7 1907

AGE ..... years, 15 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Carroll Co. Md

FULL NAME OF FATHER Lewis E. Smith

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Lizzie J. Byers

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Buckard

(Address) New Windsor Md

Filed 10/22 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21 1908

I HEREBY CERTIFY, That I attended deceased from October 10 1908 to October 21 1908 that I last saw h[illegible] alive on October 21 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Con'ributory (Primary.) Cholera Infantum

(DURATION) DAYS

(Signed) Louis H. Sette M.D.

Address University Hospital

Date October 21 1908

Place of Burial New Windsor Md

Date Oct 22 1908

Undertaker H. Maurice Routson

Address Greene & Lanahan

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16537

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C16537

CERTIFICATE OF DEATH.

93

Registered No. B.....

City of Baltimore, (No. 1931 Christain St.; 20 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adelaide E. Warfield

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 9 (Month) 18 (Day) 1906 (Year)

AGE: 2 years, 0 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joshua E. Warfield

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Lillian Pollen

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Epp

(Address) 434 Frederick Av.

Filed 10/22 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 17 1908 to Oct 20 1908 that I last saw her alive on Oct 20 1908, and that death occurred, on the date stated above, at 4 30 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory croup.

(DURATION) 10 hours ~~DAYS~~

(Signed) R Bibleson Jr. M. D.

10/20 1908 (Address) 2015 Wilkens

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: Oct 23rd 1908

UNDERTAKER: Wm C. Crothers ADDRESS: 427 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Funeral Oct 23rd 1908 2.30 P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C16538 — Registered No. B C16538

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Katon

{Residence, if in Baltimore, Give Street and Number.} 1108 Hanover St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1830

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Keating Son

(Address) 1108 Hanover St.

Filed 10/22 1908 — MARY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1908 to Oct 20th 1908

that I last saw h[er] alive on Oct 20 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile debility

Aortic Stenosis.

(DURATION) 5 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 431 Light St

Date Oct 21 1908

Place of Burial St. Patricks Cemetery

Date Oct 23 1908

Undertaker H. and M. S. Flynn

Address 428 West Lt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — C16539 — *Registered No. B* C16539

CERTIFICATE OF DEATH.

65

(Place of Death.) *No.* 508 Roland Ave *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph R. Reynolds

{ Residence, if in Baltimore, Give Street and Number. } 508 Roland Ave.

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 3rd 1856
AGE	52 years, 4 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Samuel Reynolds
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Rebecca Ford
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Alice V. Reynolds

(Address) 508 Roland Ave

Filed 10/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21st 1908

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1908 to Oct 21st 1908 that I last saw him alive on Oct 20th 1908, and that death occurred, on the date stated above, at 12.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral softening

(DURATION) 9 months DAYS

Contributory (Primary.)

Paralysis (DURATION) 3 years DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland

Date Oct 22 1908

Place of Burial St. Mary's Hampden

Date October 23 1908

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

1908 52 1856

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

C16540

Registered No. C C16540

80

CERTIFICATE OF DEATH.

(Place of Death.) No. 2452 Eutaw Place St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elias A. Blackshere.

Residence, Give Street and Number, 2452 Eutaw Place

Duration of Residence in Baltimore, 40 Years?

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: October 22nd 1846

AGE: 61 years, 11 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married

BIRTHPLACE (State or county): Manakin Va

FULL NAME OF FATHER: Elias A. Blackshere

BIRTHPLACE OF FATHER (State or county): Del.

MAIDEN NAME OF MOTHER: Eliza Blackshere

BIRTHPLACE OF MOTHER (State or county): Del.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E. H. Blackshere

(Address) 2452 Eutaw Place

Filed 10/22 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Oct 20 1908

that I last saw h[illegible] alive on Oct 20 1908

and that death occurred, on the date stated above, at 9:15 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Angina pectoris

Myocarditis

(DURATION) 6 wks ~~DAYS~~

Contributory (Primary) Arteriosclerosis

(DURATION) 1 yr ~~DAYS~~

(Signed) John Fondrenay M. D.

Address 1013 N Charles

Date Baltimore Oct 21 1908

Place of Burial Druid Ridge Cem

Date October 23rd 1908 190

Undertaker Hufnagle & Son Co

Address 300 W Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C16541

Registered No. C C16541

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Spear.

Residence, Give Street and Number, 1020 Linden Ave.

Duration of Residence in Baltimore, 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow.

BIRTHPLACE (State or county): Chestertown Kent Co Md.

FULL NAME OF FATHER: unknown.

BIRTHPLACE OF FATHER (State or county): Unknown.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or county): Unknown.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jenkins Matron

(Address) 1020 Linden Ave.

Filed 10/12 1908

MAURY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 21 1908

I HEREBY CERTIFY, That I attended deceased from Oct 12 1908 to Oct 21 1908

that I last saw her alive on Oct 21 1908

and that death occurred, on the date stated above, at 530 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute dilatation of heart.

(DURATION) —— DAYS

Contributory (Primary) Mitral Regurgitation

(DURATION) Unkn DAYS

(Signed) S. E. Sitzett M. D.

Address Md Genl Hosp.

Date Oct 21 1908

Place of Burial Loudon Park

Date Oct 23rd 1908

Undertaker Hy W. Jenkins Sons Co

Address 300 N. Madison St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C16542 — Registered No. B C16542

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1612 Bonner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Conrad

{Residence, if in Baltimore, Give Street and Number.} 1612 Bonner st

Duration of Residence in Baltimore. ~~Life~~ 48 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Frank Conrad

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Josefine Pech

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Conrad

(Address) 1612 Bonner st

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1908

I HEREBY CERTIFY, That I attended deceased from Aug 18 1908 to Oct. 22 1908

that I last saw him alive on ~ 1908

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate

Complication of Disease

about 3 Months (DURATION) DAYS

Contributory (Primary.)

Cirrhosis of Liver (DURATION) DAYS

(Signed) Wm. J. Kyrauch M.D.

Address 2 Poplar Alley

Date Oct. 22 1908

Place of Burial Holy Redeemer

Date Oct 24 1908

Undertaker Grant Crack & Son

Address 1904 Eutaw Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAD THE LAW PRINTED ON THE MARGIN. C16543 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C16543

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 91 E Carrollton ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E McStrecker

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 29 1824

AGE: 84 years, 0 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E Strecker

(Address) 819 Carrollton ave

Filed 10/22 1908

MARY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 21 1908

I HEREBY CERTIFY, That I attended deceased (from Oct 21 1908 to Oct 21 1908

that I last saw h alive on Oct 21 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Old age

Intestinal Stasis (DURATION) ? DAYS

Contributory (Primary) None

(DURATION) DAYS

(Signed) Ira L Fetterhoff M. D.
IRA. L. FETTERHOFF, M. D.

Address N. E. Cor. Lafayette & Carrollton Aves.,

Date OCT 22 1908 BALTIMORE, MD. U. S. A. 190

Place of Burial Greenlawn Park

Date Oct 25 1908

Undertaker Joseph Sipler

Address 1602 W North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...WEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C16544 — Registered No. B C16544

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Wilcox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Bach

{ Residence, if in Baltimore, Give Street and Number. } 616 N. Carey St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 6th 1841

AGE: 63 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Heller

(Address) 616 N Cross St

Filed 10/22 190... MARY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21st 1905

I HEREBY CERTIFY, That I attended deceased from Sept 11 1905 to Oct 21 1905

that I last saw h... alive on Oct 21 1905,

and that death occurred, on the date stated above, at 7:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 40 DAYS

Contributory (Primary.)

Uremia (DURATION) 10 DAYS

(Signed) E. Dulaney Smith M.D.

Address 547 Lanvale St

Date Oct 25 1905

Place of Burial St Paul's Cem't

Date Oct 25 1905

Undertaker J. Isiah Heller

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

Ward 13 1

HEALTH DEPARTMENT, City of Baltimore.

C16545 Registered No. C C16545

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Walker

Residence, Give Street and Number, Dayton, Md

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH ..... 1 .....

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or couuty) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Nursing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm S. Millinger

(Address) Elliott City Md

Filed 10/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Oct 22 1908

that I last saw h alive on Oct 22 1908

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis from perforation of bowel

(DURATION) several DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 22 DAYS

(Signed) S. H. Streett M. D.

Address Md Gen Hosp.

Date Oct 22 1908

Place of Burial Elliott City Md

Date Oct 23rd 1908

Undertaker Wm J Dickenson Sons

Address Camden & Paca Sts

Remarks .....

WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WI

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C16546 Registered No. B C16546

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Pitcher St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry F. Miller

{ Residence, if in Baltimore, Give Street and Number. } 608 E. Pitcher

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 7th 1851

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Henry Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lollie Miller

(Address) 608 Pitcher St

Filed 10/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8 1908 to Oct 20 1908 that I last saw h[illegible] alive on Oct 20 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 4 hours

Contributory (Primary)

(DURATION) DAYS

(Signed) Irvin Edwards M.D.

Address 1726 Pa Ave

Date Oct 21 1908

Place of Burial London Park Cemetery

Date Oct 23rd 1908

Undertaker Gtr. Bartz

Address 554 N Bidle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C16547 — Registered No. B C16547

CERTIFICATE OF DEATH.

157

(Place of Death.) No. St. Elizabeths Home. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Thomas Briscoe

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH Oct 14, 1908

AGE ..... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed

190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 10 1908 to Oct. 21, 1908 that I last saw h[illegible] alive on Oct. 19, 1908, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

2 hours (DURATION)

Contributory (Primary.) Marasmus - 21 days. (DURATION)

(Signed) A. C. Gillis M.D.

Address 1579 N. Carolyne St.

Date Oct. 21, 1908.

Place of Burial Cathedral Cemetery

Date October 22nd 1908

Undertaker Felix B Pyc

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

C16548 Registered No. B C16548

CERTIFICATE OF DEATH.

1506

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Francis Wilbert Moore -

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black -

DATE OF BIRTH Sept. 17, 1908

AGE ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mildred

(Address) St Elizabeths Home Balto

Filed 10/22 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 12 1908 to Oct. 21 1908

that I last saw h im alive on Oct. 21. 190.

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 1 mo.

Contributory (Primary.) Congenital Heart Disease - (DURATION) Life DAYS

(Signed) A. C. Gallis M.D.

Address 1519 N. Caroline St.

Date Oct. 22, 1908

Place of Burial Cathedral Cemetery

Date Oct 22 nd 1908

Undertaker Gelis & Kyse.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

...FADING INK.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C16549

99

CERTIFICATE OF DEATH.

(Place of Death.) No. 2315 Stricker St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margie Hamm

Residence, Give Street and Number, 2315 Stricker St

Duration of Residence in Baltimore, 19 Mos.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: Unknown

AGE: about 28 yrs ..... years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): D. C.

FULL NAME OF FATHER: Alpha Hamm

BIRTHPLACE OF FATHER (State or county): Va.

MAIDEN NAME OF MOTHER: Rosa Coleman

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula Hopkins

(Address) 2316 Stricker St

Filed 10/22 1908 HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 22 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Acute Abscess

Died Suddenly (DURATION) ..... DAYS

Contributory (Primary) Unknown

(DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 700 Log. Av. (Coroner)

Date Oct. 22nd 1908

Place of Burial Mt Auburn Cemetery

Date October 23rd 1908

Undertaker Felix Blye

Address 102 E. Mulberry st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

...DEPARTMENT, City of Baltimore.

Ward 17 — C16550 — Registered No. B C16550

CERTIFICATE OF DEATH.

103

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cyrus T. Fleisher

{ Residence, if in Baltimore, Give Street and Number. } Monterey Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 7th 1848

AGE: 60 years, 1 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Adam Fleisher

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rachel Slavin

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary K Fleisher

(Address) Monterey Va

Filed 10/22 1908 — HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6" 1908 to Oct 22" 1908 that I last saw him alive on Oct 22" 1908, and that death occurred, on the date stated above, at 8 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric ulcer

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Johns Hopkins Hospital

Date Oct 22 1908

Place of Burial Monterey Va

Date Oct 22nd 1908

Undertaker Allard & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C16551 — Registered No. B C16551 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 N. Monroe St (md Hom Hospital) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah D. Foyel

{ Residence, if in Baltimore, Give Street and Number. } Confederate Widows Home

Duration of Residence in Baltimore. 73 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: About 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Not Known

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) On Duvall M.D.

(Address)

Filed 10/22 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 14 190 to Oct 21 190 8 that I last saw h alive on Oct 21 190 8, and that death occurred, on the date stated above, at 6 45 P M. CAUSE OF DEATH (Secondary or Immediate

Paralysis

2 mos. (DURATION) DAYS

Contributory (Primary.) Exhaustion

1 month (DURATION) DAYS

(Signed) On Duvall M.D.

Address 1326 N Monroe St

Date Oct 21 190 8

Place of Burial Loudon Park

Date Oct 23rd 190 8

Undertaker G.F. Walker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

C16552

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C C16552

CERTIFICATE OF DEATH.

109

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Silk

Residence, Give Street and Number,

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH —

1

AGE 10 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/23 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 22 1908

I HEREBY CERTIFY, That I attended deceased from 7/8 1901 to Oct 22 1908

that I last saw h in alive on Oct 22 1908

and that death occurred, on the date stated above, at 2.30

M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) DAYS

Contributory (Primary) Intestinal

Toxemia (DURATION) DAYS

(Signed) W W Baker M. D.

Address Bay View Asylum

Date Oct 23 1908

Place of Burial Helena Randall Cemetery

Date Oct. 22, 1908

Undertaker Mat Lennon

Address 67 & M' Clellan st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 44 — C16553 — Registered No. B C16553

CERTIFICATE OF DEATH.

117

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Artz,

{ Residence, if in Baltimore, Give Street and Number. } Aberdeen, Maryland.

Duration of Residence in Baltimore. One day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 10/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) ... DAYS

Contributory (Primary.) Acute Pancreatitis

(DURATION) ... DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner,

Date October 22, 1908.

Place of Burial Aberdeen Hartford Co

Date Oct 23 1908

Undertaker V. J. Pickersgill

Address 425 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16554

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16554

Registered No. B.....

City of Baltimore, (No. 1117 Briscoe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie Evans

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: widowe

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Isaac Parks

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Hanna Cook

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Washington

(Address) 1117 Briscoe st

Filed 10/23 190 8 HARRY C. ANDREWS, PERMIT CLERK: Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20 190 8 to Oct 21 190 8

that I last saw her alive on Oct 20 190 8,

and that death occurred, on the date stated above, at 10:30 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

..... (DURATION) 2 DAYS

Contributory .....

..... (DURATION) 2 DAYS

(Signed) W. L. Smith M. D.

Oct 22 1908 (Address) 520 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt auburn ct

DATE OF BURIAL: Oct 23d 190 8

UNDERTAKER: S L Brown & Son

ADDRESS: 1010 Monroe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C16555 — Registered No. B C16555

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 8 N. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Blake.

{Residence, if in Baltimore, Give Street and Number.} 8 N. Church St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Colored.

DATE OF BIRTH Oct 17 1906.

AGE 2 years, 0 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Wm Blake.

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Bertha Rice.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Baldwin Md

(Address) 603 S. Shaff St.

Filed 10/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 22 1908 that I last saw h[illegible] alive on Oct 20 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

(DURATION) 22 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Baldwin M.D.

Address 603 S. Shaff St.

Date Oct. 22. 1908.

Place of Burial Mt Auburn Ct

Date Oct. 24th 1908

Undertaker H. L. Brown & Son

Address 107 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C16556

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

C16556

General German Aged Home

Registered No. B .....

City of Baltimore, (No. Baltimore and Payson St. Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Johannes Roth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Jan 2 1833
(Month) (Day) (Year)

AGE 75 years, 9 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Hessen Darmstadt

FULL NAME OF FATHER Johannes Roth

BIRTHPLACE OF FATHER (State or country) Hessen Darmstadt

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED .

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record of German Aged Home

(Address) Balto Hayson St

Filed 10 23 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 15 1908 to October 22 1908 that I last saw h im alive on October 22 1908, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Cause of the stomach

(DURATION) 70 DAYS

Contributory Old age

(DURATION) DAYS

(Signed) H. F. Reinhard M. D.

October 23 1908 (Address) 1400 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	Oct 23 1908
UNDERTAKER	ADDRESS
J S Block	1003 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C16557 — Registered No. B C16557

CERTIFICATE OF DEATH.

1

(Place of Death.) No. Chestnut Hill on Old York Rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolphus J. Tillman

{Residence, if in Baltimore, Give Street and Number.} Chestnut Hill on Old York Road

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Sept 18th 1863

AGE: 45 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: Nicholas Tillman

BIRTHPLACE OF FATHER (State or country): Neuerberg Germany

MAIDEN NAME OF MOTHER: Matilda Storck

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Coffee Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Haynie

(Address) 302 Old York Road

Filed 5/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22- 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14 1908 to Oct 22 1908 that I last saw him alive on Oct 21 1908, and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid. Omentia complicated with meningitis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 819. Gorsuch. Av

Date Oct 22- 1908 1908

Place of Burial Baltimore. CEMETERY.

Date OCT 25 1908 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C16558 — Registered No. B C16558

166

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Munecka

{Residence, if in Baltimore, Give Street and Number.} 944 Madison ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 15 1819

AGE: 89 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Andrew Munecka.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Munecka

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Railroad Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Munecka

(Address) 944 Madison Ave

Filed 10/23 1908 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22d 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1908 to Oct 22d 1908 that I last saw him alive on Oct 22d 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

* 7 (DURATION) DAYS

Contributory (Primary) Fractured Hip

(DURATION) DAYS

(Signed) E B Cole M.D.

Address 15 E Mt Royal ave

Date Oct 22 1908

Place of Burial Greenmount Cem.

Date October 26th 1908

Undertaker Stuart H Mowen Co

Address 218 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

* accidentally fell on the street - A.D.D.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C16559 — Registered No. B C16559

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 437 N. Carolina St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth A. Hamil

{Residence, if in Baltimore, Give Street and Number.} 437 N. Caroline

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 1833

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hamil

(Address) 437 N. Carolin

Filed 10/22 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1908 to Oct 22nd 1908 that I last saw her alive on Oct 22 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. A. Sumn M.D.

Address 1400 Jefferson St

Date Oct. 23rd 1908

Place of Burial Balto Cem

Date 10/24/08 1908

Undertaker J. Herring Son

Address 2038 E. Oldham St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C16560

CERTIFICATE OF DEATH.

(Place of Death.) No. Baylein Hospital St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.) 27

Full Name John N. Lucas

Residence, Give Street and Number, 1510 Barclay St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR C.

DATE OF BIRTH —

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Holliday, Supt

(Address) BAY VIEW ASYLUM

Filed 10/23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19 1908 to Oct 20 1908

that I last saw h im alive on Oct 20 1908

and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) — DAYS

(Signed) W. R. Eaton M. D.

Address Baylein Hospital

Date Oct 20 1908

Place of Burial Laurel

Date Oct 23 1908

Undertaker R. J. Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 15 C16561 Registered No. B C16561

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1422 Chappell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanico Tuttman

{Residence, if in Baltimore, Give Street and Number.} 1422 Chappell St

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard Tuttman

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Presstman

Filed 10/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 7. 1908 to Oct 22 1908 that I last saw h in alive on Oct 22 1908. and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary) Diphtheria

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Oct. 22, 1908

Place of Burial Mt Olivet

Date Oct Thu 23 1908

Undertaker JAMES H. DENNIS,

Address 1332 PRESSTMAN ST/P.

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C16562

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1323 N. Carey St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mildred Evans

Residence, Give Street and Number, 1323 N. Carey St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	Col

DATE OF BIRTH: Unknown 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: R. E. Evans

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: M. Johnson

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R E Evans

(Address) 1323 N Carey St

Filed 10/23 190 8 HARRY C. ANDREWS Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 22 190 8

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Unknown

(DURATION) ..... DAYS

(Signed) Richard Babbin M. D.

Address 700 N Lafayette Ave (Coroner)

Date Oct 23 190 8

Place of Burial Mt Auburn

Date Wed Thu 23 190 8

Undertaker James H Dennis

Address 1332 Presstman St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

...HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C16563 Registered No. B C16563

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1850 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie L. Downing

{Residence, if in Baltimore, Give Street and Number.} 1850 W. Mulberry St

Duration of Residence in Baltimore. 2 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ...1...

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: James Pumphrey

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Louise Mitchelmore

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dent Downing

(Address) 1850 W. Mulberry St

Filed 10/23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 21st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6 1908 to Oct 21 1908 that I last saw h[er] alive on Oct 21 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonary

... (DURATION) ... DAYS

Contributory (Primary.) Hemorrhage (DURATION) ... DAYS

(Signed) M B Bench M.D.

Address 828 N Carrollton Ave

Date Oct 24 1908

Place of Burial Upper Marlboro Md

Date Oct 25 1908 1908

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16564

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16564

City of Baltimore, (No. 8, East Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Edward Lawler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 25 (Day) 1908 (Year)

AGE: ..... years, ... months, 28 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John J. Lawler

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie McClinchy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Lawler

(Address) 8 E. Mulberry St

Filed 10/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 25 1908 to Oct 17 1908 that I last saw h~~im~~ alive on Oct 17 1908, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

The child was premature and weak from birth and was found dead by its mother (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) BBB Browne M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery | DATE OF BURIAL: Oct 23 1908

UNDERTAKER: F. A. Krause & Bro | ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

OK CHJ

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C16565 Registered No. B C16565

CERTIFICATE OF DEATH. 1

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Ada A Hobbs

{Residence, if in Baltimore, Give Street and Number.} 658 W. Fayette St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct 22 nd 1875

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robt R Martin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lillie S Hackman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Martin

(Address) 658 E Fayette St

Filed 10/24 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 26 1908 to October 22 1908 that I last saw her alive on October 22 1908, and that death occurred, on the date stated above, at 6.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.)

Typhoid fever (DURATION) DAYS

(Signed) Louis G. Seth M.D.

Address University Hospital

Date October 22 1908

Place of Burial Western

Date Oct 24th 1908

Undertaker A F Rhulbin

Address 1711 Mcdon

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 17 C16566 Registered No. B C16566

CERTIFICATE OF DEATH.

94

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elvira Hill

{Residence, if in Baltimore, Give Street and Number.} 558 Dolphin Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, 4 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Nathaniel Hill

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Garrett

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathaniel Hill

(Address) 558 Dolphin St.

Filed 10/23 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 23 1908

I HEREBY CERTIFY, That I attended deceased from Oct 22 1908 to Oct 23 1908 that I last saw her alive on Oct 23 1908, and that death occurred, on the date stated above, at 4 20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Emphysema of chest

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date October 23 1908

Place of Burial Mt Auburn Cemetery

Date October 24th 1908

Undertaker Helin & Ryan

Address 132 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 18 — C16567 — Registered No. B C16567

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Earl Rodgers

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 7 1905

AGE: years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Bidden

(Address) Nursery & Childs Hosp.

Filed 10/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 10 1908 to Oct. 20 1908 that I last saw him alive on Oct. 20 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. L. Burton, M.D.

Address 222 E. Cross St.

Date Oct. 20 1908

Place of Burial London Park.

Date Oct 24 1908.

Undertaker Geo. L. Smith Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 13

Registered No. B C16568

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 210 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Joseph Danaker

{Residence, if in Baltimore, Give Street and Number.} 210 Hickory Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 3 1908
AGE	...years, 5 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Michael H. Danaker
BIRTHPLACE OF FATHER (State or country)	Troy Md
MAIDEN NAME OF MOTHER	Kate Dollmeyer
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M H. Danaker

(Address) 210 Hickory Ave

Filed Oct 23 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Oct 22 1908

that I last saw him alive on Oct 22 1908,

and that death occurred, on the date stated above, at 11 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Malnutrition (DURATION) 90 DAYS

Contributory (Primary)

Gastro-Enteritis (DURATION) 90 DAYS

(Signed) S. R. Wantz M.D.

Address 765 - 3rd ave

Date Oct 23 1908

Place of Burial St Peters

Date Oct 24 1908

Undertaker H. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 13 Registered No. B C16569

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 749 3rd Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgeann V. Dell

{Residence, if in Baltimore, Give Street and Number.} 749 3rd Ave

Duration of Residence in Baltimore. 37 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 27 1836

AGE: 72 years 7 months 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: John Bitter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Pearl

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Dell

(Address) 749 3rd Ave

Filed Oct 23 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Oct 22 1908 that I last saw h[illegible] alive on Oct 22 1908, and that death occurred, on the date stated above, at 11 40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 2 ~~DAYS~~

(Signed) Henry C Algire M.D.

Address 340 Roland Ave

Date Oct 23 1908

Place of Burial Druid Ridge

Date Oct 24 1908

Undertaker J S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 16570

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Hughes

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W.

DATE OF BIRTH: —

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W.

BIRTHPLACE (State or county): Ireland.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 23 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Oct 23 1908

that I last saw her alive on Oct 23 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Nephritis

Pneumonia (DURATION) DAYS

(Signed) J. R. Schaeffer, M. D.

Address Bay View Asylum

Date Oct 23 1908

Place of Burial St. Patricks cem.

Date Oct. 24th 1908

Undertaker Filby & Faile

Address 403 S. Mosher St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C1657

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B C16571

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 N. Pine St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Henry Meyers

{Residence, if in Baltimore, Give Street and Number.} 515 N. Pine St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	April 7. 1907
AGE	1 years, 6 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	James Allen Meyers
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Malinda Sidney
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Meyers

(Address) 515 Pine St

Filed Oct 24 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 19 1908 to Oct. 22 1908 that I last saw h im alive on Oct. 22 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

"Convulsions"

Diph Chs - Pneumonia

(DURATION) DAYS

Con'tributory (Primary.) Dentition + Rickets

(DURATION) DAYS

(Signed) Jno. G. Shiple M.D.

Address 901 Fayette Ave

Date Oct. 24 1908

Place of Burial Laurel

Date Oct 24th 1908

Undertaker R. A. Elliott

Address 320 Ropers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C16572 Registered No. B C16572

CERTIFICATE OF DEATH.

(Place of Death.) No. Weber Hospital, Balto Ind St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Arnold

{Residence, if in Baltimore, Give Street and Number.} 208 N. Carlin

Duration of Residence in Baltimore. 28 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 1
AGE	52 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/24 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10-22-08 190

I HEREBY CERTIFY, That I attended deceased from Oct 20 1908 to Oct 22 1908 that I last saw h alive on Oct 22 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Arteriosclerosis.

(DURATION) ? DAYS

(Signed) Edward Mayfield M.D.

Address Weber Hospital

Date Oct 24 1908

Place of Burial Loudon Park

Date Oct 25 1908

Undertaker Zurkler & Zurkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C C16573

CERTIFICATE OF DEATH.

(Place of Death.) No. 820 North Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Ann Brown

Residence, Give Street and Number, 820 North Charles St

Duration of Residence in Baltimore, Twenty years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH Oct 10th 1823

AGE 85 years, months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Carroll County Md

FULL NAME OF FATHER Wesley Bennett

BIRTHPLACE OF FATHER (State or county) Carroll Co. Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Carroll County

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Frank Brown

(Address) 820 North Charles St

Filed 10/24 1908 HARRY C. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 23rd 1908

I HEREBY CERTIFY, That I attended deceased from 1902 to Oct 23rd 1908

that I last saw h alive on Oct 23rd 1908

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Pec Coris

6 years (DURATION) —DAYS

Contributory (Primary) Arteriosclerosis

abt 10 yrs (DURATION) DAYS

(Signed) C. B. Gambrill Jr. M. D.

Address 26 W Biddle St

Date Oct 23rd 1908

Place of Burial Springfield Church Carroll County

Date Oct 25th 1908

Undertaker H. C. Jenkins Undertaking Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C16574 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C C16574

CERTIFICATE OF DEATH.

66

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Brother Macken (Macken)

Residence, Give Street and Number, Loyola College - Calvert & Madison.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR White

DATE OF BIRTH May 25 1845

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Religious Brother

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. X Brady

(Address) Loyola College

Filed 10/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1908 to Oct. 23 1908 that I last saw him alive on Oct. 23 1908 and that death occurred, on the date stated above, at 3.3. a. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary) Hemiplegia (DURATION) DAYS

(Signed) Wm F Smith M. D.

Address City Hospital

Date Oct. 23 1908

Place of Burial S.J. Cemetery Woodstock College Md

Date Oct 24th 1908 190

Undertaker New Jenkins Undr Co

Address 306 to Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C16575 Registered No. B C16575

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 Windsor Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolphus M. Conday

{Residence, if in Baltimore, Give Street and Number.} 611 Windsor Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Female | COLOR White

DATE OF BIRTH July 30 1848 1

AGE 60 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Henry F. Conday

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Corbett

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chas. M. Conday

(Address) 611 Windsor Ave

Filed 10/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23- 1908

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Oct 23- 1908 that I last saw him alive on Oct 23 1908, and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever complication
Endocarditis

— (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 819 Gouch St

Date Oct 24- 1908

Place of Burial Loudon Park

Date Oct 25 1908

Undertaker Wm Cook

Address 502 E Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C16576 Registered No. B C16576

CERTIFICATE OF DEATH.

67

(Place of Death.) No. 649 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob H. Schlemmer

{ Residence, if in Baltimore, Give Street and Number. } 649 Hanover

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 7 1828

AGE 80 years, 7 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Truck Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Henry H. Schlemmer

(Address) 711 Mary Ann

Filed 10/24 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6 1908 to Oct 22 1908 that I last saw h~~im~~ alive on Oct 22 1908, and that death occurred, on the date stated above, at 7 ~~3~~ P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 7 DAYS

Contributory (Primary.) Pneumonia

Thrombosis of Brain (DURATION) 16 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia Ave

Date Oct 23 1908

Place of Burial Western Cem

Date Oct 25th 1908

Undertaker E. Schlemmer Son

Address 1054 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16577

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C16577

City of Baltimore, (No. 1032 Wilcox St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilmina Leithiser

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Lanz

(Address) 1032 Wilcox st

Filed 10/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 23, 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 16th 1908 to Oct 23d, 1908 that I last saw h[er] alive on Oct 23 1908, and that death occurred, on the date stated above, at 6 40 P. M. The CAUSE OF DEATH was as follows:

Acute bronchitis

about one week (DURATION) ..... DAYS

Contributory Valvular heart lesion one year that I know of (DURATION) ..... DAYS

(Signed) Frank E. Brown M. D.

Oct 24 1908 (Address) 917 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ~~~~~

PLACE OF BURIAL OR REMOVAL: Harve De Grace Hartford Cem. | DATE OF BURIAL: 2[illegible] 1908

UNDERTAKER: E. Schluraff & Son | ADDRESS: 1029 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C16578

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C16578

Registered No. B .....

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 1031 Hopkins, west St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Charlotte A. Houseal

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 27 1852
(Month) (Day) (Year)

AGE 56 years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Fred Galbright

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Ellen Hamilton

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Homer D. Houseal

(Address) 1031 Hopkins ave

Filed 10/24 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. ~~23~~ 20 1908 to Oct 23 1908

that I last saw her alive on Oct. 23 1908,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) ..... DAYS

Contributory Pulmonary oedema

(DURATION) 5 DAYS

(Signed) D. Wirt M. D.

Oct 24 1908 (Address) 39 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Yorick

DATE OF BURIAL Oct 26 1908

UNDERTAKER W. J. Turkey Jr.

ADDRESS Caudell Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 14 C16579 Registered No. B C16579

CERTIFICATE OF DEATH.

(Place of Death.) No. 1804 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emma J. Sautmyer

{Residence, if in Baltimore, Give Street and Number.} 1804 Pennsylvania Ave

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: June 1839

AGE: 69 years, 5 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: John Leary

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Martha Kirk

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Sautmyer

(Address) 1804 Penn. Ave

Filed 10/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22nd 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to Oct 1908 that I last saw her alive on Sept 14th 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure from Exhaustion.

(DURATION) 2 yrs Days

Contributory (Primary.) Carcinoma of Uterus (DURATION) 2 yrs Days

(Signed) J M Acree M.D.

Address 814 Park Ave

Date Oct. 22nd 1908

Place of Burial Louden Park

Date Oct 25 1908

Undertaker Robt J Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C16580 — Registered No. B C16580

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 St Paul St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name George Victor Moore

{Residence, if in Baltimore, Give Street and Number.} 2115 St Paul St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 23 1885

AGE: 23 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Moore

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Lucy H. Frost

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry W. Frost

(Address) 2115 St Paul st

Filed 10/24/08 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 24 1908

I HEREBY CERTIFY, That I attended deceased from 2 yrs ~~190~~ to Oct 22 1908

that I last saw him alive on Oct 22 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Tuberculosis (Pulmonary)

(DURATION) DAYS

(Signed) F. B. Adams M.D.

Address 2124 St Paul st

Date Oct. 24 1908

Place of Burial Spesutia Cemty. Harford Co Md.

Date October 26th 1908

Undertaker Stewart & Mowen Co.

Address 215-217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 Registered No. C C16581

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 N. Hill St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie Davis

Residence, Give Street and Number, 117 N. Hill

Duration of Residence in Baltimore, 2 Months

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: Aug. 28 th 1908

AGE: ..... years, 1 months, 26 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: Alexander Davis

BIRTHPLACE OF FATHER (State or county): N. C

MAIDEN NAME OF MOTHER: Jennie Johnson

BIRTHPLACE OF MOTHER (State or county): N. C

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Davis

(Address) 117 Hill St

Filed 10/24 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct. 24 th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 19 1908 to Oct. 23rd 1908

that I last saw him alive on Oct. 23rd 1908

and that death occurred, on the date stated above, at 6a

M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis

(DURATION) 5 DAYS

Contributory (Primary) Marasmus

(DURATION) DAYS

(Signed) R. M. Leacock M. D.

Address 115 W. Barre St.

Date Oct. 24 th 1908

Place of Burial Mt Auburn

Date Oct 25th 1908

Undertaker E. L. Brown's son

Address 108 W Monument

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C16582 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C16582

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margarit Hay

Residence, Give Street and Number, St Vincents Inf Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W.

DATE OF BIRTH 1[illegible]

AGE years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infancy

(Address)

Filed 10/24 1908 HARRY O. ANDREWS Registrar. PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 23 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 23 1908

that I last saw her alive on [illegible] 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 24 1908

Place of Burial New Cathedral

Date Oct 24 1908

Undertaker Martin Fahey & Son

Address 600 E Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16583 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 16583

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lyris C Clifton

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W.

DATE OF BIRTH Oct 8 1908

AGE 1 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 10/24 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 23 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct. 22 1908 that I last saw him alive on Oct 22 1908 and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John O Manning M. D.

Address St Vincents Hospital

Date Oct. 23 1908

Place of Burial Our Lady Cathedral

Date Oct. 25 1908

Undertaker Martin Fahy & Sons

Address 626 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 16584

CERTIFICATE OF DEATH. 179

(Place of Death.) No. St Vincents Dept Asy St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Louise Goddard

Residence, Give Street and Number, St Vincents Dept Asy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR W

DATE OF BIRTH ..... 1.....

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Dept Asy

(Address) .....

Filed 10/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 22 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct. 24 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 11 M.

CAUSE OF DEATH (Secondary or Immediate,) Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 23 1908

Place of Burial Mount Calvary

Date Oct 24 1908

Undertaker Martin Feney & Sons

Address 600 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 16585

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Wright

Residence, Give Street and Number, St Vincents Infant Asylum.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR N.

DATE OF BIRTH 1/

AGE years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asy

(Address)

Filed 10/24 190 8

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 22 190 8

I HEREBY CERTIFY, That I attended deceased from Oct. 1 190 8 to Oct. 21 190 8

that I last saw him alive on Oct. 21 190 8

and that death occurred, on the date stated above, at 9

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Oct. 23 190 8

Place of Burial New Cathedral

Date Oct. 24 190 8

Undertaker Martin Kenny & Sons

Address 606 Gay Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C16586 Registered No. B C16586

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1622 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Lee

{Residence, if in Baltimore, Give Street and Number.} 1622 E. Preston st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 2nd 1814

AGE: 94 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Not known

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Hillwell

(Address) 1622 E. Preston st

Filed 10/24 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Oct 22 1908 that I last saw h-a alive on Oct 22 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 13 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) John T Avery M.D.

Address 1823 ½ Broadway

Date Oct 23 1908

Place of Burial Baltimore Cemetery

Date Oct 25 1908

Undertaker Henry Lutz

Address 1007 W. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C C16587

CERTIFICATE OF DEATH.

93

(Place of Death.) No. # 445 South Bentalou St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G Wackenhausen

Residence, Give Street and Number, 445 South Bentalou St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH: March 16th 1874

AGE: 33 years, 8 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Wm G. Wackenhausen

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Annie ———

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine B Wackenhausen

(Address) 445 South Bentalou St

Filed 10/24 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 21st 1908

I HEREBY CERTIFY, That I attended deceased from October 2nd 1908 to October 21st 1908

that I last saw him alive on Oct. 21st 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Asphyxia

Cyanotic the Last (DURATION) 3 DAYS

Contributory (Primary) Double Pneumonia (DURATION) 19 DAYS

(Signed) John G Holliday M. D.

Address 714 Fredk Ave

Date October 23rd 1908

Place of Burial Loudon Park Cemetery

Date Sunday October 25th 1908

Undertaker F B Wagaent

Address Frederick Ave Extd

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16588

C16588

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 662 W German St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabel France

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 54 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Carroll Co Ind

FULL NAME OF FATHER: Lorn E. Lowman

BIRTHPLACE OF FATHER (State or country): Carroll Co Ind

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Lowman

(Address) 1202 N. Eutaw St

Filed 10/24 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Octo 18 1908 to Octo 23d 1908 that I last saw her alive on Octo 22 1908, and that death occurred, on the date stated above, at 230 P. M. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia (Lower Right Lobe) abont 6 DAYS (DURATION)

Contributory ..... (DURATION) ..... DAYS

(Signed) Pearce Kintzing M. D.

Octo 23 1908 (Address) 1321 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Sykesville Md

DATE OF BURIAL: Oct 24 1908

UNDERTAKER: Alex Hemsley

ADDRESS: 538 W Biddle

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, City of Baltimore. C16589

Ward 8 C16589 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Nemec

{Residence, if in Baltimore, Give Street and Number.} 1318 W. Washington st

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Jacob Nemec

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Katharine Hajska

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Nemec

(Address) 1904 Ashland Ave

Filed 10/24 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Oct 23 1908 that I last saw him alive on Oct 23 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia (Chron. Nephritis)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Johns Hopkins Hospital

Date Oct 27 1908

Place of Burial Holy Redeemer

Date Oct 26 1908

Undertaker Frank Krach and Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16590

C16590

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 108 W. Clement St.; 23d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 18 (Day) 1899 (Year)

AGE: 9 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Phil. H. Harrison

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lydia Dalrymple

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ph. H. Harrison

(Address) 108 W. Clement St.

Filed 10/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 16th 1908 to Oct. 23d 1908 that I last saw her alive on Oct. 22d 1908, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 47 DAYS

Contributory Asthenia

(DURATION) 5 DAYS

(Signed) Wm Gunckel M. D.

Oct. 23d 1908 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Rodef Sholem | DATE OF BURIAL: Oct 25 1908

UNDERTAKER: John L. Dailey & Son | ADDRESS: 1735 Madison

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. C 16591

CERTIFICATE OF DEATH.

176

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Walker

Residence, Give Street and Number, 824 McDonough St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR Black

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER John H. Walker

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER Eliza Hamphers

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fountain M C Walker

(Address) 824 McDonough St

Filed 10/24 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 21- 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2.20 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Septicemia due to gun shot wounds.

Harm Hutchins held (DURATION) Shooting DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Fred'k Lemmitz M. D.

Address Coroner

Date Oct 24/08 190

Place of Burial Mt Auburn Cemetery

Date October 25 1908

Undertaker Walter Deal

Address 912 N Washington St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C16592

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 2419, York Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonard Bandel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Nov 3rd (Month) 4 (Day) 1 (Year)	
AGE: 60 years, — months, — days	
~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower	
BIRTHPLACE (State or country): Balt. Md	
FULL NAME OF FATHER: John Bandel	
BIRTHPLACE OF FATHER (State or country): Balt Md	
MAIDEN NAME OF MOTHER: Sophie B. Wolf	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Block Maker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Bandel

(Address) 1038 Huber St

Filed 10/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23rd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9 1908 to Oct 23 1908

that I last saw him alive on Oct 23 1908,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pyonephritis &
Nephritis

(DURATION) 20 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Wm. H. Stengle M. D.

Oct 24 1908 (Address) 218 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem Balto	Oct 25 1908
UNDERTAKER: Dinkel	ADDRESS: 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

16593 HEALTH DEPARTMENT, City of Baltimore. 16593

Ward 6 Registered No. B

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1626 Orleans Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev. James Henry Reid

{Residence, if in Baltimore, Give Street and Number.} 1626 Orleans Av

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Brown

DATE OF BIRTH: May 5th 1857

AGE: 51 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William G. Reid.

(Address) 1626 Orleans St.

Filed 10/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22d 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1908 to Oct 22d 1908 that I last saw h living alive on Oct 22d 1908, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart. Pulmonary Oedema

11 Days (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Winsor M.D.

Address 1220 E. Fayette St

Date Oct. 23d. 1908 190

Place of Burial Laurel

Date Oct - 25 — 190 8

Undertaker R. F. Elliott

Address 516 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16594

C16594

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1726, McCulloh St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 24 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Jones

(Address) 1726 McCulloh St

Filed 10/24 1908 HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from one visit Oct 23 1908 to Oct 23 1908

that I last saw h alive on Oct 23 1908,

and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Walter H White M. D.

Oct 24 1908 (Address) 1101 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct 24 1908
UNDERTAKER	ADDRESS
R St Elliott	506 Rogers Ave

WM. L. GUILANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C16595 Registered No. B C16595

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Or. Cargyle Ave & Presquisle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Philip Johnson

{Residence, if in Baltimore, Give Street and Number.} above -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C

DATE OF BIRTH March 23rd 1866

AGE 42 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Married -

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Charles Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Simms

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert A Elliott

(Address) 506 Rogers Ave

Filed 10/24 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 10 1908 to Oct 22 1908

that I last saw h[illegible] alive on Oct 22 1908 10.40 A.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis -

(DURATION) DAYS

Con'tributory (Primary.) Cardiac. Asthenia

(DURATION) DAYS

(Signed) Albert L. Levy M.D.

Address 733 Cinquith St

Date Oct 22/08 1908

Place of Burial Laurel

Date Oct 24 1908

Undertaker H A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C16596 Registered No. B C16596

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 855 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant, Daughter of Mrs Mc, John. L. Hardesty

{Residence, if in Baltimore, Give Street and Number.} 855 W. Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white.

DATE OF BIRTH Oct. 24, 1908

AGE ——— years, ——— months, 1 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John L. Hardesty.

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Selma May.

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Hardesty.

(Address) 855 W. Lexington St.

Filed 10/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 23 1908 to Oct 23 1908 that I last saw h[illegible] alive on Oct 23 1908, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 12 hrs DAYS

Contributory (Primary.) Premature Birth (DURATION) 12 hrs DAYS

(Signed) F. H. Tanner M.D.

Address 317 N. Carrollton Ave

Date Oct 23 1908

Place of Burial Baltimore Cemetery

Date Oct. 25, 1908

Undertaker Geo. L. Smith & Co.

Address 1006 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 3 Registered No. B C16597

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1116 E. Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kadish Cohen

{Residence, if in Baltimore, Give Street and Number.} 1116 E. Lombard St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: unknown

AGE: 65 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Lemech Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Gartman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Cohen

(Address) 1412 N. Charles

Filed Oct-24 1908 HARRY M. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 2nd 1908 to Oct. 20 1908

that I last saw h.. alive on " " 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Old Age (DURATION) DAYS

(Signed) M. M. Savage, M.D.

Address 1121 E. Baltimore

Date Oct 24 1908

Place of Burial Lebanon Blair Rd Cemetery

Date Oct. 25, 1908

Undertaker Mart Lemmer

Address 1620 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. C C16598

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Greenstein

Residence, Give Street and Number, 215 S. Caroline St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH .....

AGE 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Barnett Greenstein

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Sara Rabenor

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Greenstein

(Address) 215 S Caroline st

Filed Oct 24 1908 HARRY M. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 24 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 22 1908 to Oct. 24 1908 that I last saw her alive on Oct. 24 1908 and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis.

(DURATION) DAYS

Contributory (Primary) Acute. appendicitis (DURATION) DAYS

(Signed) Wm Schmith M. D.

Address City Hospital

Date Oct 24 1908

Place of Burial Hebrew Rosedale Cemetery

Date Oct. 25 1908

Undertaker Max Levinson

Address 1620 N. Eden ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C16599

Ward 22 C16599 Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 227 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hettie M Lyles

{Residence, if in Baltimore, Give Street and Number.} 227 W. Barre St

Duration of Residence in Baltimore. 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 20 1907

AGE 1 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Prince George Co Md

FULL NAME OF FATHER Harry Lyles.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Alethea Denton

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alethea Lyles. (mother)

(Address) 227 W Barre St

Filed 10/25 190 8

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 190 8

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw ~~h~~ alive on 190

and that death occurred, on the date stated above, at 5.30 A M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Ote M Reinhardt M.D.
Coroner

Address

Date October 24 190 8

Place of Burial Cedar Hill

Date Oct 26 190 2

Undertaker F. A. Krause & Bro

Address 703 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V C16600 Registered No. B C16600

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecylia Cendrzewska

{ Residence, if in Baltimore, Give Street and Number. } 414 S. Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	Dec 28 1907
AGE	— years, 10 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Wadsinti Cendrzewski
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Kalazina Dedyanska
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walinti Cendrzewski

(Address) 414 S. Wolfe St

Filed 10/25 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Oct 24 1908 that I last saw h alive on Oct 24 1908, and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. J. Hunter M.D.

Address 1600 Broadway

Date Oct 25 1908

Place of Burial St Stanislaus

Date Oct 25 1908

Undertaker Joseph Zborowski

Address 1703 Alice Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

Ward 8

HEALTH DEPARTMENT, City of Baltimore.

C16601

Registered No. C C16601

CERTIFICATE OF DEATH.

45

(Place of Death.) No. 2405 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Schindler

Residence, Give Street and Number, 2405 E Chase St

Duration of Residence in Baltimore, 45 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 48 Feb 27 1855

AGE 48 years, .. months, .. days

~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Joseph Schindler

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Bennetta

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Merchant Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elvirida Schindler

(Address) 2405 E Chase St

Filed 10/25 1908

HARRY O. ANDREWS

PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1908 to Oct 23d 1908 that I last saw him alive on Oct 23d 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cachexia

(DURATION) 4 DAYS

Contributory (Primary) Carcinoma Bladder + Prostate gland (DURATION) 6 mo DAYS

(Signed) A. L. Rytina M. D.

Address 2204 E. Monument St

Date 10/24 1908

Place of Burial Loudon Park

Date Oct 26 1908

Undertaker Robt J Turner,

Address 1442 N Broadway.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C C16602

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1845 N. Durham St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Selma Muir

Residence, Give Street and Number, 1845 N. Durham St

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH July 22 1906

AGE 1 years, 3 months, 2 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~ Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Upton S Muir

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Gertrude Haeger

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Muir

(Address) 1833 Chapel St

Filed 10/25 1908 HARRY O. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 24th 1908

I HEREBY CERTIFY, That I attended deceased from October 22nd 1908 to Oct. 24th 1908

that I last saw h Ev alive on Oct. 24th 1908

and that death occurred, on the date stated above, at 4:20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition and Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Marasmus

(DURATION) 1 Month DAYS

(Signed) Albert G. Dingwall M. D.

Address 1503 E. North Ave

Date October 24th 1908

Place of Burial Baltimore Cement

Date Oct 26 1908

Undertaker Robt J Turner

Address 1442 N. Broadway.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Balto. Oct 31/08

I hereby affirm that I was misinformed regarding the age of Jos. Schneider Jr. dec'd Oct 23/08
His correct age is 18 years

Dr. A. G. Rytina

Subscribed and sworn to this 31st day of October 1908

H. L. Brown J.P.

C 16602

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
63. Other diseases of spinal cord
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of insane
68. Other forms of mental disease
69. Epilepsy
70. Convulsions (puerperal)
71. Convulsions of Children
72. Tetanus
73. Chorea

124. Diseases of urethra, urinary abscess, etc
125. Diseses of prostate
126. Nonvenereal diseases of (male) genital organs
127. Metritis
128. Uterine hemorrhage (nonpuerperal)
129. Uterine tumor (noncancerous)
130. Other diseases of uterus
131. Ovarian tumors
132. Diseases of tubes / Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

176. Injuries at birth / Homicide / Other external violence

XIV. ILL-DEFINED DISEASES.

177. "Dropsy"
178. Sudden death / Heart failure / Inanition (over 3 months) / Debility (over 3 months)
179. Marasmus (over 3 months) / Fever / Other ill-defined diseases / Unknown

of the person deceased,

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C C16603

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 700 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Rebecka Ventura

Residence, Give Street and Number, 700 W Lexington St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1908

AGE 3 hours
years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER John Ventura

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Ida Johnson

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ida Deitz

(Address) 700 W. Lexington St

Filed Oct 25 1908 [redacted] ANDREWS, [redacted] CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 24th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1908 to Oct 24th 1908

that I last saw h e alive on Oct 24th 1908

and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth. 4h
Asthenia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Oct 25th 1908

Place of Burial St. Peters cemetery

Date Oct 26th 1908

Undertaker Geo. M. Riddlemoser

Address 515 S. Fulton Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C16604

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16604

City of Baltimore, (No. 906 N. Arlington Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Wise.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct (Month) 12 (Day) 1830 (Year)

AGE 78 years, 0 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) White Hall Md

FULL NAME OF FATHER Wm Burns

BIRTHPLACE OF FATHER (State or country) White Hall Balto Co

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Carson

(Address) 906 N. Arlington Ave.

Filed Oct 25 1908 [redacted] ADDRESS [redacted] CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 24th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 18th 1908 to Oct. 23rd 1908 that I last saw h[illegible] alive on Oct. 23rd 1908, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 36 DAYS

Contributory Exhaustion

(DURATION) one DAYS

(Signed) Hubert F. Faulman M. D.

Oct 24 1908 (Address) 1304 N Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL White Hall Md | DATE OF BURIAL Oct 26 08

UNDERTAKER J E Hough Co | ADDRESS 1429 Pa Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

Registered No. B C16605

CERTIFICATE OF DEATH.

118

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Hardesty

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH. 1

AGE 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robert Hardesty

(Address) Gailsville Md.

Filed Oct 25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 21st 1908 to Oct. 24th 1908 that I last saw him alive on Oct. 24 1908, and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute toxaemia

(DURATION) 3 DAYS

Contributory (Primary) Acute Appendicitis with Peritonitis (DURATION) 5 DAYS

(Signed) G. St. Richard M.D.

Address University Hospital

Date October 24th 1908

Place of Burial Gailsville A. Co. Md.

Date Oct 26th 1908

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16606

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

81

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C16606

Registered No. B

City of Baltimore, (No. 1110 N Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dr. Joseph G. Bates

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May (Month) 21st (Day) 1838 (Year)

AGE: 70 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER: Jos H. Bates

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) B R Bay

(Address) 707 E 21st. Street

Filed Oct 25 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 23 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Have had him under my care for past 3 or 4 months 1908 to 1908

that I last saw him alive on Oct. 23 1908,

and that death occurred, on the date stated above, at 10.25 P. M. The CAUSE OF DEATH was as follows:

Coma

three days (DURATION) DAYS

Contributory Cerebral Arteriosclerosis

(DURATION) DAYS

(Signed) W. E. Mosley M. D.

Oct 25 1908 (Address) 301 W. Monument St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: Oct 26 1908

UNDERTAKER: E Madison Mitchell | ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C16607 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 27

Registered No. C C16607

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo H. Magness

Residence, Give Street and Number, 613 Campbell st.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Aug 6 1907

AGE 1 year, 2 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER John Magness

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Elizab Hampsman

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Magness

(Address) 613 Campbell

Filed 10/26 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 24 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Oct 24 1908 that I last saw him alive on Oct 24 1908 and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate,)

Diarrhea and Enteritis

(DURATION) 14 DAYS

Contributory (Primary) Asthenia

(DURATION) 2 DAYS

(Signed) J E Imse M. D.

Address 855 Columbia ave

Date Oct 25 1908

Place of Burial Baltimore Cemetery

Date Oct. 26th 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16608

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16608

Registered No. B .....

City of Baltimore, (No. 902 Payson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Jane Meeks (Meeks)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 7 (Day) 1860 (Year)

AGE: 48 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jas. P. Ringgold

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ann Dunn

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. F. Roth

(Address) 902 Payson St.

Filed Oct 26 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1908 to Oct. 24 1908

that I last saw her alive on Oct. 24 1908,

and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Paralysis

Duration 2 yrs. (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) L. R. Palmer M. D.

Oct. 24 1908 (Address) 1021 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Oct 27 1908

UNDERTAKER: Richard W. Meyer — ADDRESS: 916 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward

Registered No. C 16609

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mauer (Mauer)

Residence, Give Street and Number, Eastern & Callington Aves.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Oct. 15 1869

AGE 39 years, — months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Michael Mauer

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Elizabeth Thomas

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Erkling

(Address) 3730 Clarement Ave.

Filed 10/26 1908 HARRY C. INDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 23 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 17 1908 to Oct. 23 1908 that I last saw h in alive on Oct. 23 1908 and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia.

(DURATION) DAYS

Contributory (Primary) Chronic nephritis (DURATION) DAYS

(Signed) Wm. Schmitz M. D.

Address City Hospital.

Date Oct. 23 1908.

Place of Burial Mt. Lebanon Cemetery

Date Oct. 26 11 1908

Undertaker W. Gaudet & Sons.

Address 1718 Canton Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C16610 Registered No. B C16610

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Lazarette Light Fort Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W Marrelle

{ Residence, if in Baltimore, Give Street and Number. } 1009 E. Lanvill St

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Oct 18~~ ~~1908~~

AGE: 23 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Betterman Marville

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mollie Weaver

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Schlosstein

(Address) 1422 Aisquith

Filed 10/26 1908 HARRY C. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1908

I HEREBY CERTIFY, That I attended deceased from [redacted] 190 to [redacted] 190

that I last saw h... alive on [redacted] 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Thomas Sudler Comm M.D.

Address 320 S Greene St

Date ... 190

Place of Burial Loudon Park

Date 10/26/08 190

Undertaker J Herring & Son

Address 1208 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 8 C16611 Registered No. B C16611

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1821 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna E. Cook

{Residence, if in Baltimore, Give Street and Number.} 1821 N. Washington St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March. 9th 1908

AGE: ____ years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 1821 N. Washington St.

FULL NAME OF FATHER: John J Cook

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Anna E. Uhrel

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Cook

(Address) 1821 N Washington

Filed 10/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1908 to Oct 23rd 1908 that I last saw h[illegible] alive on Oct. 23rd 1908, and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion / Syncope

(DURATION) 2 DAYS

Contributory (Primary.) Inanition

Faulty Digestion (DURATION) 30 DAYS

(Signed) William J Pillsbury M.D.

Address 2801 York Road

Date Oct. 23rd 1908

Place of Burial New Catholic Cemetery

Date Oct 26 1908

Undertaker E J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4-2 C16612 Registered No. B C16612

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Keiler

{Residence, if in Baltimore, Give Street and Number.} High Ridge Md,

Duration of Residence in Baltimore. 18 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE About 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1908

I HEREBY CERTIFY, That I attended deceased from October 8 1908 to October 26 1908 that I last saw her alive on October 25 1908, and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever.

(DURATION) DAYS

(Signed) Louis H. Seth M.D.

Address University Hospital

Date October 26 1908

Place of Burial Laurel Md

Date Oct 26 1908

Undertaker T. J. Sinclair & Son

Address Camden & Penn Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 16613

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas Hubbs (Hubbs)

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH —

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Herman Hubbs

BIRTHPLACE OF FATHER (State or county) Pa

MAIDEN NAME OF MOTHER Elizabeth Yammer

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Cane Grinder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 24 1908

I HEREBY CERTIFY, That I attended deceased from Jan 21 1908 to Oct 24 1908

that I last saw h — alive on Oct 24 1908

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage of Lungs

Exhaustion

(DURATION — DAYS

Contributory (Primary) Pulmonary Abscess (DURATION) DAYS

(Signed) H H Eyler M. D.

Address Bay View Asylum

Date Oct 24 1908

Place of Burial Oak Lawn Cemetery

Date October 27 1908

Undertaker Christian Miller

Address 2334 Jefferson st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...ALTH DEPARTMENT, City of Baltimore.

Ward 24 — Registered No. B C16614

C16614

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 823 E. Fort Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Becker

{Residence, if in Baltimore, Give Street and Number.} 823 E. Fort Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 25 1908

AGE: ..... years, 2 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John H Becker

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ida R. Butler

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Becker (Father)

(Address) 823 E Fort ave

Filed 10/26 1908

HARRY G. ANDREWS, PERMIT CLERK, (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Oct 24 1908

that I last saw her alive on Oct 24 1908,

and that death occurred, on the date stated above, at 3.40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Cyanosis

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address 1017 S Charles St.

Date October 24 1908

Place of Burial Western Cemetery

Date Oct 26 1908

Undertaker D. Finn McCully

Address 39 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED IN BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. C C16615

C16615

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 524 N Bruce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edda Jones

Residence, Give Street and Number, 524 N Bruce St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: C. Jones

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Courtney Jones

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Courtney Jones

(Address) 524 N Bruce St.

Filed 10/26 190 8 HARRY G. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct. 25 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition Immediate

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address 700 N. Laf Ave (Corner)

Date Oct 25 190 8.

Place of Burial Mount Auburn

Date Oct 26 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C16616 Registered No. B C16616

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 793 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James J. Winters

{Residence, if in Baltimore, Give Street and Number.} 793 George St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	36 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Patrick Winters
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary McFarland
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Oct 24 1908 that I last saw him alive on Oct 23 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis —

14 months (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) DAYS

(Signed) John J. King M.D.

Address 1425 Eutaw Pl

Date Oct 25 1908

Place of Burial Mount Cathedral

Date Oct 27 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C. 16617

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. C. 16617

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1006, Mosher St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas Carroll Grafflin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 4 (Day) 1827 (Year)

AGE: 81 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Jacob Grafflin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Hannig

BIRTHPLACE OF MOTHER (State or country): Balto. —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Alma Grafflin

(Address) 1006 Mosher St.

Filed 10/26 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Oct 23 1908

that I last saw him alive on Oct 23 1908,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 48 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Chas E. Sadtler M. D.

Oct 26 1908 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount	Oct 27 1908
UNDERTAKER	**ADDRESS**
E. W. Mitchell	120 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C16618

34

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Barnett

Residence, Give Street and Number, 231 N. Greene St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 3 1880

AGE: 28 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER John F. Barnett

BIRTHPLACE OF FATHER (State or county) Baltimore Md.

MAIDEN NAME OF MOTHER Elizabeth A. King

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Barnett

(Address) 231 N. Greene St.

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 24, 1908.

I HEREBY CERTIFY, That I attended deceased from July 19, 1908 to October 24 1908

that I last saw h im alive on October 24, 1908.

and that death occurred, on the date stated above, at 1.50 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

General tuberculosis

(DURATION) Months ~~DAYS~~

Contributory (Primary) General tuberculosis

(DURATION) Months ~~DAYS~~

(Signed) Perrigrine Wroth Jr. M. D.

Address Union Prot Inf.

Date Oct 24, 1908.

Place of Burial Loudon Park Cemetery

Date Oct 27 1908

Undertaker Wm Maurice Rowson

Address Greene & Saratoga Sts

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...City of Baltimore.

Ward 10 C16619 Registered No. B C16619

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ferguson

{ Residence, if in Baltimore, Give Street and Number. } 719 N. Caroline St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 48 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/26 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19th 1908 to Oct 21st 1908 that I last saw her alive on Oct 21st 1908, and that death occurred, on the date stated above, at 3:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Tuberculous Peritonitis

Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Thos Hawes M.D.

Address Johns Hopkins Hospital

Date October 22 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 24 1908 190

Undertaker Commissioner Health.

Per. Wm. [illegible]

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED IN BLACK LINES

Ward 12

HEALTH DEPARTMENT, City of Baltimore.

C16620

Registered No. C 176

CERTIFICATE OF DEATH.

(Place of Death.) No. Cen the Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant J Sollie Jones

Residence, Give Street and Number, 2818 Eutaw Pl

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Black

DATE OF BIRTH Oct 21 1908.

AGE ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City Hospital

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/26 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 21 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h..... alive on 190

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions Suffocation under 1 year.

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Geneva Lyttleton M. D.

Address 1800 N. Chas

Date Oct 21 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 24 1908 1908

Undertaker .....

Address .....

Commissioner Health.

FOR ANATOMICAL PURPOSES

Remarks .....

Morgan

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

20

deceased, and the *cause and date of death.*

Ward 5

Registered No. B C16621

C16621

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 429 Aisquith St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Clara Dempsey

{Residence, if in Baltimore, Give Street and Number.} None

Duration of Residence in Baltimore. The most of her life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Aug 15 1[illegible]
AGE	..... years, 2 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Hopkins Hosp
FULL NAME OF FATHER	Don't Know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	Catherine Dempsey
BIRTHPLACE OF MOTHER (State or country)	Carol Co. Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2 1908 to Oct 22 1908 that I last saw h[illegible] alive on [illegible] 1908, and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(About six week) (DURATION) 51 DAYS

Contributory (Primary.)

Inherited troubles (DURATION) DAYS

(Signed) E. L. Peterson M.D.

Address 1103 N Eden St

Date Oct 24 1908

Place of Burial COLLEGE OF P & S

Date OCT 24 1908 190

Undertaker .....

Address .....

Commissioner Health,
Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

2 11

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 1 C16622 Registered No. B C16622

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 N. Caroline St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs. E. Stanley

{Residence, if in Baltimore, Give Street and Number.} 507 N. Caroline St

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1850

AGE: 58 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md. Cambridge

FULL NAME OF FATHER: Wm H. Stanley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Matilda Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stanley

(Address) 507 N. Caroline St

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 24th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Oct 24 1908 that I last saw him alive on Oct 24 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Dropsy

(DURATION) 60 DAYS

Con'tributory (Primary.) Endocarditis (mitral) about 2½ yrs (DURATION)

(Signed) W. F. Harris M.D.

Address 1394 Druid Hill Ave

Date Oct 26th 1908

Place of Burial Mt. Zion Cemetery

Date Oct 26th 1908

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 24 — C16623 — Registered No. B C16623

CERTIFICATE OF DEATH. 66

(Place of Death.) No. 1628 E. Fort Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Rooka

{ Residence, if in Baltimore, Give Street and Number. } 1628 E. Fort Av -

Duration of Residence in Baltimore. 20 Yrs -

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH October 29 1844

AGE 63 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Walter Hoppenberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosa Draper

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rooka daughter

(Address) 1628 E. Fort ave.

Filed 10/26 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25-th 1908

I HEREBY CERTIFY, That I attended deceased from October 11 1908 to October 24 1908 that I last saw h er alive on October 24 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or immediate)

Heart Failure -
Asphyxia - Coma

(DURATION) 2 DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 19 DAYS

(Signed) E. Judson Willen M.D.

Address 2435 Edmondson av -

Date October 25 - 1908.

Place of Burial Holy Cross U. A. Co.

Date Ctober 27 th 1908

Undertaker Jas. Stentebeck

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 24

C16624

Registered No. B C16624

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 108 Weber St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Sarah Jones

{ Residence, if in Baltimore, Give Street and Number. } 108 Weber Street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 26 1843

AGE: 65 years, ... months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel Rehmer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Aunt Known

BIRTHPLACE OF MOTHER (State or country): Aunt Known

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Rodgers

(Address) 108 Weber st

Filed 10/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Oct 24 1908 that I last saw h[illegible] alive on Oct 24 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

4 mos. (DURATION) ... DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) J. H. Cushman M.D.

Address 1303 Eutaw

Date Oct 26 1908

Place of Burial Mount Olivet

Date October 28th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...WEALTH DEPARTMENT, City of Baltimore.

Ward VK

C16625 Registered No. B C16625

CERTIFICATE OF DEATH.

(Place of Death.) No. 1549 Ludlow St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph White

{ Residence, if in Baltimore, Give Street and Number. } 1549 Ludlow

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 5th 1878

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jos H White

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Long

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. White

(Address) 1549 Ludlow st.

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14 1908 to Oct 24 1908 that I last saw h[illegible] alive on Oct 24 1908, and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J H Grosham M.D.

Address 1303 Light st

Date Oct 24. 1908 190

Place of Burial Cedar Hill

Date October 27th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness to the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker employed to bury the body, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, color, age, birthplace, residence, occupation and **cause and date of death**, and the person superintending the burial, a certificate of the person deceased, and the **cause and date of death**, and the person (whether married or single) of the person

...PARTMENT, City of Baltimore.

Ward 23 C16626 Registered No. B C16626

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2028 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward N. Englerth

{Residence, if in Baltimore, Give Street and Number.} 2028 Light St.

Duration of Residence in Baltimore. Life Time

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 16 1908

AGE ——— years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Englerth

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Kate Kuhpp

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Englerth

(Address) 2028 Light St.

Filed 10/26 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Oct 25 1908 that I last saw h— alive on Oct 25 1908, and that death occurred, on the date stated above, at 12-15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Con'tributory (Primary) Mal-Nutrition Life Time

(DURATION) DAYS

(Signed) R. E. L. Campbell M.D.

Address 1444 Hanover St.

Date Oct 26 1908

Place of Burial Cedar Hill

Date October 26 1908

Undertaker Jas. Stumbaugh

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

C16627

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 [redacted] Registered No. C [redacted]

CERTIFICATE OF DEATH. C16627/166

(Place of Death.) No. W. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Kuhn.

Residence, Give Street and Number, 701 N. Freemont Ave.

Duration of Residence in Baltimore, 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1838

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Taneytown Md.

FULL NAME OF FATHER Jeboulon Kuhn

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Katherine Snyder

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Home Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Thomas Routson

(Address) Uniontown md

Filed 10/26 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 24 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 15 190 8 to Oct 24 190 8 that I last saw her alive on Oct 24 190 8 and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Contusion of Hip. (DURATION) DAYS

(Signed) Wm. A. Z Smith M. D.

Address Univ Gen Hospital

Date 10-24 190 8

Place of Burial Taneytown Md.

Date Oct 28 190 8

Undertaker Dr Maurice Routson

Address Greene & Saratoga Sts

Remarks From Miss Kuhns statement it was that she accidently fell while getting out of bed while in her room. Wm. A. Z Smith M.D.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) **cause and date of death** of the person deceased.

C16628

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16628

Registered No. B.....

City of Baltimore, (No. 730 S. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward E. Kaneczke

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Jan 14 1907 (Month) (Day) (Year)
AGE	1 year, 9 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Ignacy Kaneczki
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	Francis Lentz.
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignacy Kaneczki

(Address) 730 S. Durham St

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 21st 1908 to Oct 24 1908 that I last saw h im alive on Oct 24 1908, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis ..... (DURATION) ..... DAYS

Contributory Asthma ..... (DURATION) ..... DAYS

(Signed) G. C Thieme M. D.

Oct 25 1908 (Address) 303 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary.	Oct 26th 1908
UNDERTAKER	ADDRESS
M. F. Sadowski.	703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C16629 Registered No. B C16629

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 559 Orchard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elsworth Rawling

{Residence, if in Baltimore, Give Street and Number.} 559 Orchard St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1872

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Rawling

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Dont Know.

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Johnson

(Address) 559 Orchard St.

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1908 to Oct 24 1908 that I last saw h in alive on Oct 23 1908, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis (DURATION) 6. DAYS

Contributory (Primary.) Cerebral Congestion (DURATION) 10 DAYS

(Signed) Edward E. MacKenzie M.D.

Address 1339 W. North Ave

Date Balto Oct 24th 1908.

Place of Burial Laurel Cem

Date Oct 26. 1908

Undertaker R a Elliott

Address 5-0 Co Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...PARTMENT, City of Baltimore.

Ward 12 C16630 Registered No. B C16630

CERTIFICATE OF DEATH.

17[5]

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Donald C Wilkens

{ Residence, if in Baltimore, Give Street and Number. } 430 Lorraine Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Nov 6 1902

AGE: 5 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: G. Henry Wilkens

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Marie Frank

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Henry Wilkens

(Address) 430 Lorraine Ave

Filed 10/24 190 8

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 24 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carbolic Acid Poison (Accidental)

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Fredk Cornell M.D.

Address Coroners Office

Date Oct 25 1908 190...

Place of Burial Holy Redeemer

Date Oct 27/08 190...

Undertaker Leuthardt

Address 502 E. Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12th — 631 — Registered No. B C16631

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 830 W. North Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Gray

{ Residence, if in Baltimore, Give Street and Number. } 830 W. North Ave.

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 11th 1836
AGE	72 years, 1 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Benjamin Gray
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Henrietta Adams
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jno. B. Gray

(Address) 830 W. North Ave

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1908 to Oct 26th 1908 that I last saw h[illegible] alive on Oct 26th 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 16 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) — DAYS

(Signed) Chas. Douglas M.D.

Address 830 W. North Ave

Date Oct 26th 1908

Place of Burial Eastern Cemetery Co. Md

Date Oct 28th 1908

Undertaker Wm. M. Gaulthrop

Address Keith & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 4

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16632

18

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McGowan

Residence, Give Street and Number, 200 Harrison St.

Duration of Residence in Baltimore, 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1826

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or county): "

OCCUPATION OF DECEASED: Retired Private

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M A V Smith

(Address) Md- General-

Filed 10/26 1908 HARRY O. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 24 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 1905 to Oct 24 1908

that I last saw him alive on Oct 24 1908

and that death occurred, on the date stated above, at 3 A M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Erysipelas

(DURATION) 4 DAYS

(Signed) M. A. V. Smith, M. D.

Address Md- General-

Date Oct- 24th 1908

Place of Burial National Cemetery

Date Oct- 26- 1908

Undertaker Wm M. Gaither

Address Pratt & Linden Ave

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16633

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa. Theresa. Rothert

Residence, Give Street and Number, 924 N. Central Ave

Duration of Residence in Baltimore, 59 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Christian Burchel

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jos. Rothert

(Address) 924 N Central Ave

Filed 10/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 24. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 24. 1908 to Oct. 24. 1908 that I last saw her alive on Oct. 24. 1908 and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) 2 hours

Contributory (Primary) Debility

(DURATION) ~~1 DAYS~~

(Signed) J. J. Lebold M. D.

Address 1001 Aisquith St.

Date Oct. 24. 1908

Place of Burial Holy Redeemer Cemetery

Date October 27 1908

Undertaker Henry Horck & Son

Address 1301 E Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. C16634

Registered No. C 164

Ward 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 E Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James M. Robinson

Residence, Give Street and Number, 1004 E Chase St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE In his 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Cecil

FULL NAME OF FATHER Alpheus Robinson

BIRTHPLACE OF FATHER (State or county) N. J.

MAIDEN NAME OF MOTHER Hester A Slagle

BIRTHPLACE OF MOTHER (State or county) N. J.

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary J. Robinson

(Address) 1004 E. Chase St.

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 25 1908

I HEREBY CERTIFY, That I attended deceased from Oct 4 1908 to Oct 25 1908

that I last saw him alive on Oct 21st 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Shock of broken thigh

(DURATION) 21 DAYS

Contributory (Primary) Chronic bronchitis, old age, general debility (DURATION) DAYS

(Signed) Wm J. Watson M. D.

Address 2126 St Paul

Date Oct 25th 1908

Place of Burial Greenmount Cemetery

Date October 27 1908

Undertaker Henry Storck & Son

Address 1201 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

...EALTH DEPARTMENT, City of Baltimore.

C16635

Ward 14 Registered No. B C16635

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1944 Druid Hill Ave St. (If Death occurred i Hospital or Institution give its Name instea of Street and Number.

Full Name Elisha Russell

{Residence, if in Baltimore, Give Street and Number.} 1944 Druid Hill Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR Colored	DATE OF DEATH October 25 1908
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased fro Oct 24 1908 to Oct 25 1908
AGE 6 years, months, days	that I last saw h[im] alive on Oct 25 1908
SINGLE, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~	and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate
BIRTHPLACE (State or country) Birth Balto City	Acute Myocarditis
FULL NAME OF FATHER James B. Russell	(DURATION) (?) DAY
BIRTHPLACE OF FATHER (State or country) V. A.	Contributory (Primary.) Articular Rheumatism (DURATION) (?) DAY
MAIDEN NAME OF MOTHER Rose Sels.	(Signed) H S M Caud M.D
BIRTHPLACE OF MOTHER (State or country) V. A	Address 2005 Druid Hill Ave
OCCUPATION OF DECEASED Non	Date Oct 25 1908
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Place of Burial Alexandria V. A
(Informant) James B Russell	Date Oct 27 1908
(Address) 1944 Druid Hill Ave	Undertaker Alex H Emsley
Filed 10/26 1908 HARRY C. ANDREWS PERMIT CLERK Registrar	Address 578 N Bickdale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

READ THE LAW PRINTED ON THE MARGIN. C16636 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C 16636

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1229 Durst Al ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna B. Endler

Residence, Give Street and Number, 1229 Durst Al

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: October 25 1908

AGE: ..... years ..... months, 7 hours days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Joseph Endler

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Maggie Ortt

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Endler (mother)

(Address) 1229 Durst Av

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Mitral Insufficiency

11

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Otto Reinhardt M. D.

Address Coroner

Date October 26 1908

Place of Burial Holy Cross C. Co.

Date October 26 1908

Undertaker Jos. Stuntebeck

Address 1318 Light st.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

C16637 Registered No. B C16637

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 E 20th St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Hannah Ann Reynolds

{ Residence, if in Baltimore, Give Street and Number. } 1114 E 20 St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W

DATE OF BIRTH 1

AGE 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Jones

BIRTHPLACE OF FATHER (State or country) Wales

MAIDEN NAME OF MOTHER Mary Hagest

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Disney

(Address) 2225 E. Pratt St.

Filed 10/26 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26th 1908

I HEREBY CERTIFY, That I attended deceased from 190 to Oct. 26 1908

that I last saw h her alive on Oct. 26 1908,

and that death occurred, on the date stated above, at 10.35 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Cancer of Stomach

One year (DURATION) DAYS

(Signed) H. T. Reynolds M.D.

Address 2004 St. Paul St.

Date Oct. 26th 1908

Place of Burial Greenmount Cemetery

Date Oct 28 1908

Undertaker H Eshenhurst

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B C16638

CERTIFICATE OF DEATH. 48

(Place of Death.) No. 207 S Bentalou St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Klier

{ Residence, if in Baltimore, Give Street and Number. } 207 S Bentalou St.

Duration of Residence in Baltimore. 27 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

AGE 62 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Henry Neumann

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Klier

(Address) 207 S Bentalou St.

Filed 10/26 190 8 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 24 1908 190

I HEREBY CERTIFY, That I attended deceased from Feby 15 1908 to Oct 24 1908 that I last saw her alive on Oct 24 1908, and that death occurred, on the date stated above, at 12.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Rheumatism

& Heart failure (DURATION) 240 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Gustav Dick M.D.

Address 1433 W Lanvale St

Date Oct 26 1908

Place of Burial London Park Cemetery

Date OCT 27 1908 190

Undertaker George A Gerbig

Address 14 S Pulaski St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C16639 — Registered No. B ~~C16633~~ C16639

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fuka

{Residence, if in Baltimore, Give Street and Number.} 827 N. Durham st

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 29 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Bohemia	
FULL NAME OF FATHER: Joseph Fuka	
BIRTHPLACE OF FATHER (State or country): Bohemia	
MAIDEN NAME OF MOTHER: M —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John Fuka

(Address) 827 N Durham

Filed 10/26 1908 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1908 to Oct 25th 1908 that I last saw h— alive on Oct 25 1908, and that death occurred, on the date stated above, at 12.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of lungs & Bowels

(DURATION) 25 DAYS

Contributory (Primary.) Tuberculosis of lung

(DURATION) 2 mos DAYS

(Signed) Chas. B. Taylor M.D.

Address 832 N Broadway

Date Oct 26 1908

Place of Burial Holy Redeemer

Date Oct 27 1908

Undertaker Frank Enoch and Son

Address 1904 Oakland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C16640

CERTIFICATE OF DEATH.

Registered No. B C16640

City of Baltimore, (No. 2819 York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Dobler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: David Dobler

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret Fox

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth C Dobler

(Address) 2819 York Road

Filed 10/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from October 17 1908 to Oct 24 1908 that I last saw him alive on Oct 24 1908, and that death occurred, on the date stated above, at 3.15 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of liver
a stomach

(DURATION) 1 year ~~DAYS~~

Contributory Arteria + arteriosclerosis (DURATION) 2 or 3 ~~DAYS~~

(Signed) Julius Friedenwald M. D.

Oct 28 1908 (Address) 1013 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 28 1908
UNDERTAKER	ADDRESS
John H Bell	1042 E Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16641

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16641

Registered No. B .....

City of Baltimore, (No. 1409 E Biddle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Worley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 25 (Day) 1908 (Year)

AGE: ..... years, ... months, 5 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Amtred Worley

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Daisy Bunley

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Worley

(Address) 1409 E Biddle St

Filed 10/26 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 25 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Oct 25 1908 that I last saw h er alive on Oct 25 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Premature Birth, lived 5 hours

..... (DURATION) ..... DAYS

Contributory General asthenia

..... (DURATION) ..... DAYS

(Signed) J Walter Bowers M. D.

Oct 26 1908 (Address) 1228 N. Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Oct 26 1908

UNDERTAKER: H. C. Wiedefeld

ADDRESS: 914 Fremont Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11X

Registered No. C C16642

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Sherren

Residence, Give Street and Number, Tunnelton W. Va.

Duration of Residence in Baltimore, ——

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1882

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): W. Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or county): "

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. B. S. Rankins

(Address) Tunnelton W. Va.

Filed 10/26 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Oct 26 1908

that I last saw h im alive on Oct 26 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Sarcoma of viscera. (DURATION) — DAYS

(Signed) S. H. Strutt M. D.

Address Md. Genl Hosp.

Date Oct 26 1908

Place of Burial Tunnelton W. Va.

Date Oct - 26 - 1908

Undertaker W. M. Gaylord

Address Watts & Lauderdale

Remarks

...EALTH DEPARTMENT, City of Baltimore.

Ward 1 C16643 Registered No. B C16643

137

CERTIFICATE OF DEATH.

(Place of Death.) No. 2107 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emelia Reinisch

{Residence, if in Baltimore, Give Street and Number.} 2107 Mc Elderry st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 1 1884

AGE 24 years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Geo J. Senger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Fredericka A. Unterzagt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry O Reinisch

(Address) 2107 Mc Elderry St

Filed 10/26 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct-12 1908 to Oct-26 1908 that I last saw he alive on Oct-26 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Septicaemia

(DURATION) 14 DAYS

Contributory (Primary) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolph L Eisenhardt M.D.

Address 2213 Orleans st

Date Oct 26 1908

Place of Burial London Park Cemetary

Date October 28 1908

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C16644 Registered No. B C16644

CERTIFICATE OF DEATH.

(Place of Death.) No. Canton Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Patrick J. Healey.

{ Residence, if in Baltimore, Give Street and Number. } 2026 Canton Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	48 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hennessy

(Address) 2026 Canton ave

Filed 10/26 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Accidental Drowning

.....(DURATION) ..... DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) Thomas Sudlow Corner M.D.

Address 3204 Keene st

Date October 26th 1908

Place of Burial Holy Cross Cem

Date Oct. 28th 1908

Undertaker Jno. A. Moran

Address 1 Bankhead

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

Registered No. C 16645

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 236 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Dom. Laville

Residence, Give Street and Number, 236 S. Bond st.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. | COLOR W.

DATE OF BIRTH Oct. 3rd. 1908

AGE — years, — months, 23 days

SINGLE, ~~MARRIED,~~ WI~~DOWED OR DIVORCED~~D.

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Angelo Laville

BIRTHPLACE OF FATHER (State or county) Italy

MAIDEN NAME OF MOTHER Josephine —

BIRTHPLACE OF MOTHER (State or county) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Angelo Laville

(Address) 236 S. Bond st.

Filed Oct 27 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Oct 27 1908 that I last saw h-m alive on Oct 26 1908 and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus (DURATION) 15 DAYS

Contributory (Primary)

Asthenia (DURATION) 1 DAYS

(Signed) M Caldwell M. D.

Address 827 Cresgend st

Date Oct 27-08 190

Place of Burial St. Alphonsus Cem

Date Oct. 27th 1908

Undertaker Wendell Dippel & Son

Address 330 S. Bond st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 006646

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 Dulaw alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Dayton

Residence, Give Street and Number, 213 Dulaw ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR C

DATE OF BIRTH ..... 1 .....

AGE ..... years, 2½ months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) B.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) .....

Filed Oct 27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 26 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R. H. Martin Coroner M. D.

Address

Date Oct 26 1908

Place of Burial Laurel Cem

Date Oct - 27 1908

Undertaker R A Elliott

Address 506 Rose st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single), of the person deceased, and the ***cause and date of death.***

...PARTMENT, City of Baltimore.

Ward ..... C16647 Registered No. B C16647

CERTIFICATE OF DEATH.

(Place of Death.) No. 2536 Foster Av. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Mary S. Knapp.

{ Residence, if in Baltimore, Give Street and Number. } 2536 Foster Av.

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Nov 14 1830

AGE 77 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Spink

(Address) 2536 Foster Av.

Filed 10/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Oct 24 1908

that I last saw h.. alive on Oct 24 1908

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) A. Long M.D.

Address 2422 East Ave

Date Oct 26 1908

Place of Burial Baltimore Cremation

Date Oct. 27 1908

Undertaker A. Fink & Son

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward ..... C16648 Registered No. B C16648

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CERTIFICATE OF DEATH.

(Place of Death.) No. 170 N. Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel F. Gates

{Residence, if in Baltimore, Give Street and Number.} 170 N. Dolphin St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1848

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Cole

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Dont Know.

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Cole

(Address) 170 N. Dolphin St.

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25th 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Oct 25 1908.

that I last saw her alive on Oct 24 1908.

and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis (DURATION) 5 DAYS

Con'tributory (Primary.)

Cerebral Hemorrhage (DURATION) 5 DAYS

(Signed) Edward E. MacKenzie M.D.

Address 1329 N. North Ave.

Date Balto Oct 26th 1908.

Place of Burial Mt. Olivet

Date Oct-26 1908

Undertaker R A Elliott

Address 5-06 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 10 C16649 Registered No. B C16649

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 821 Sterling St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Zenobia Green

{Residence, if in Baltimore, Give Street and Number.} 821 Sterling St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colord

DATE OF BIRTH: 1

AGE: years, 3 months, 4 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Green

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Frances Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Green

(Address) 821 Sterling St

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 190 to Oct 27 1908 that I last saw her alive on Oct 26 1908, and that death occurred, on the date stated above, at 3:45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) 28 DAYS

Contributory (Primary.)

Asthenia (DURATION) 1 DAYS

(Signed) W. McCulloch M.D.

Address 827 Aisquith St

Date Oct 27 1908

Place of Burial Oct 27 ✓

Date Int- given 1908

Undertaker H A Elliott

Address 500 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. C C16650

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 N Bruce St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Robinson

Residence, Give Street and Number, 714 N Bruce St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	Colored

DATE OF BIRTH March 17 1908

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Pinkney Robinson

BIRTHPLACE OF FATHER (State or couuty) Va

MAIDEN NAME OF MOTHER Jeanette Chase

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeanette Robinson

(Address) 714 N Bruce St.

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Jaundice from Sepsis

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Richard Kaufman M. D.

Address 700 N. Lafayette Ave (Comms)

Date Oct. 26 1908

Place of Burial Mt Lebanon

Date Oct 27th 1908

Undertaker Lorraine Murphy

Address 1364 N Gilmor St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 16651

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1405 Bruce St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Thompson

Residence, Give Street and Number, 1405 Bruce St

Duration of Residence in Baltimore, 43 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: colored

DATE OF BIRTH: Oct 25 1908

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: widower

BIRTHPLACE (State or county): Accomac Co. Va.

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or county): not known

MAIDEN NAME OF MOTHER: Marguerite Dampl

BIRTHPLACE OF MOTHER (State or county): Accomac Co. Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Thompson

(Address) 1405 Bruce St

Filed 10/27 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 25 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to Oct 25 1908

that I last saw h alive on Oct 25 1908

and that death occurred, on the date stated above, at 10 40 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

General Anasarca
following Cardiac
Hypertrophy

(DURATION) DAYS

Contributory (Primary) Valvular lesion of heart

(DURATION) DAYS

(Signed) L. L. Hunter M. D.

Address 1202 Druid Hill Ave

Date Oct 26 1908

Place of Burial Forest Cem

Date Oct 28 1908

Undertaker Wm. H. Chase Funeral Home

Address 1400 Mosher St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C16652 Registered No. B C16652

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev Hiram Bingham

{ Residence, if in Baltimore, Give Street and Number. } 1 Madison Ave New York

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Honolulu Hawaii

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Missionary

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. B. Reynolds

(Address) Madison Ave N. Y.

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 22 1908 to Oct 25 1908

that I last saw h~~im~~ alive on Oct 25 1908,

and that death occurred, on the date stated above, at 5-50 A. M.

CAUSE OF DEATH (Secondary or Immediate)

~~Uremia Interstitial nephritis~~

Acute Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary) Uremia Interstitial nephritis, Chronic Nephritis, mixed Arteria - Sclerosis

(DURATION) DAYS

(Signed) Jno Rauch M.D.

Address Johns Hopkins Hospital

Date 1908

Place of Burial Loudon Park Cemetery

Date Oct 28th 1908

Undertaker Aleck E Fullerton

Address 221 N. Broadway

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 14 C16653 Registered No. B C16653

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles John Zimmer

{ Residence, if in Baltimore, Give Street and Number. } 1549 E. Clinton Str

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Metal Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Oct 25 1908

that I last saw him alive on Oct 25 1908,

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Aneurysm

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Johns Hopkins Hospital

Date Oct 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 26 1908 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

21 3

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 16654

CERTIFICATE OF DEATH.

156

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Frederick Dietrick

Residence, Give Street and Number, 512 W Saratoga St

Duration of Residence in Baltimore, 20yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/27 1905 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 27 1905

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Gas Asphyxia

Suicide (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Patrick F Martin M. D.
Coroner

Address

Date Oct 28 1905

Place of Burial Woodlawn Cem

Date October 27 1905

Undertaker Jos B Cook

Address 1003 W Baltimore

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16655

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16655

City of Baltimore, (No. 829 N Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Silvan Rosenberg (Rosenberg)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE ..... years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jol Rosenberg

BIRTHPLACE OF FATHER (State or country) Bavaria

MAIDEN NAME OF MOTHER Bessie Goldstein

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Rosenberg

(Address) 829 N Caroline St

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 22 1908 to Oct. 26 1908 that I last saw him alive on Oct 26 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Gastro enteritis

3 or 4 months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. B. Bodder M. D.

Oct 27 1908 (Address) 208 W. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Helma Rosendale	Oct 29 1908
UNDERTAKER	ADDRESS
Mac Levin	620 N Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C16656 — Registered No. B C16656

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1917 Chapel Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Prochaska

{Residence, if in Baltimore, Give Street and Number.} 1917 Chapel St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: John Loula

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mates Prochaska

(Address) 1917 Chapel St

Filed 10/27 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Oct 26 1908

that I last saw h[illegible] alive on [illegible] 1908,

and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

4 months (DURATION) DAYS

Contributory (Primary.) Cardiac Thrombosis (DURATION) DAYS

(Signed) W. T. Reames M.D.

Address [illegible]

Date Oct 26 1908

Place of Burial Oak Hill

Date Oct 28 1908

Undertaker Frank Brach and Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C16657

Ward 20 C16657 Registered No. B

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1135 S. Sharp. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Ann Smith

{Residence, if in Baltimore, Give Street and Number.} 1135 S. Sharp St

Duration of Residence in Baltimore. 21 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Don't know
AGE	76 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland.
FULL NAME OF FATHER	Patrick Kirk
BIRTHPLACE OF FATHER (State or country)	Irrland
MAIDEN NAME OF MOTHER	Ellen Morriss
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Keegan, daughter

(Address) 1135 S. Sharp St

Filed 10/27 190 8 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic disease of the Heart

..... (DURATION) ..... DAYS

Con'ributory (Primary.) General Debility

..... (DURATION) ..... DAYS

(Signed) Otto M. Reinhardt M.D.

Coroner.

Address .....

Date October 26 1908

Place of Burial Cathedral Cem

Date Oct. 29/1908. 190 .....

Undertaker Wm Cook C.

Address 507 E. North av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 16658

C16658

CERTIFICATE OF DEATH.

(Place of Death.) No. 2511 Canton Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marshall Thomas

Residence, Give Street and Number, 2511 Canton Ave

Duration of Residence in Baltimore, 30 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Jan 15 1850

AGE 58 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) New York

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma L Thomas

(Address) 2511 Canton Ave.

Filed 10/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 1908 to Oct 25 1908

that I last saw h— alive on Oct 25 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis (DURATION) 5 DAYS

Contributory (Primary) Exhaustion (DURATION) ..... DAYS

(Signed) D L Long M. D.

Address 2429 Fait Ave

Date Oct 26 1908

Place of Burial Baltimore Cemetery

Date October 29 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16659

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

C16659

Registered No. B .....

City of Baltimore, (No. 1426 E Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H Petus

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: November 25 1849
(Month) (Day) (Year)

AGE: 58 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Petus

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margurt Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Minister M E C Colored

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rhoda A Petus

(Address) Lodge 26, Lexington

Filed 10/27 1908

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1908 to Oct 25th 1908

that I last saw him alive on Oct 25th 1908

and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Pneumothorax
General Debility

(DURATION) 03 DAYS

Contributory Asthenia

(DURATION) One DAYS

(Signed) James J Bell M. D.

Oct 26th 1908 (Address) 1516 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery

DATE OF BURIAL: Oct 28th 1908

UNDERTAKER: Chas. G. Bailey

ADDRESS: 547 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C16660 Registered No. C C16660

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 2231 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Jones

Residence, Give Street and Number, 2231 Druid Hill Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	Col.

DATE OF BIRTH Feb. 18 1897

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER John Jones

BIRTHPLACE OF FATHER (State or county) N. Car.

MAIDEN NAME OF MOTHER May Marks

BIRTHPLACE OF MOTHER (State or county) N C

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Jones

(Address) 2231 Druid Hill Ave.

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 26 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Hemorrhage

(DURATION) 6 mos DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm Boardman M. D.

Address 702 N. Laf. Ave (Corner)

Date Oct. 26 1908.

Place of Burial Mt Auburn

Date Oct 28 1908

Undertaker Wm J. Johnson

Address 614 Raper St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C16661 Registered No. B C16661

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 702 Gold St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Sallie Seigle

{Residence, if in Baltimore, Give Street and Number.} 702 Gold St.

Duration of Residence in Baltimore. Five years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1852

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: David Stokes

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Asked but not given

BIRTHPLACE OF MOTHER (State or country): ½

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Seigle

(Address) 702 Gold.

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Oct 26 1908

that I last saw her alive on Oct 26 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) 120 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. Short. M.D.

Address 1351 Robert St

Date Oct 26 1908

Place of Burial Mt Auburn ✓

Date Oct 28 1908

Undertaker Wm. J. Johnson

Address 1111 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C16662 Registered No. B C16662

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 723 Chappell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence H. Green

{Residence, if in Baltimore, Give Street and Number.} 723 Chappell St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: 1

AGE: 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Green

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lottie Keats

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Green

Address 723 Chappell St

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1908

I HEREBY CERTIFY, That I attended deceased from Oct 23 1908 to Oct 25 1908 that I last saw him alive on Oct 24 1908 and that death occurred, on the date stated above, at 6:20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

Haemmorhage

(DURATION) 2 DAYS

Contributory (Primary) Haemorrhage of Lungs (DURATION) 2 DAYS

(Signed) G. W. Kennard M.D.

Address 708 E. Eager St

Date Oct 26 1908

Place of Burial Mt Zion

Date Oct 27 1908

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C 120 C16663

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatius Gordellier

Residence, Give Street and Number,

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH —

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Mulvey Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 25 1908

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to Oct 25 1908

that I last saw h[illegible] alive on Oct 25 1908

and that death occurred, on the date stated above, at 2 30 P M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Brights

Disease (DURATION) DAYS

(Signed) W W Eshleman M. D.

Address Bay View Hospital

Date Oct 25 1908

Place of Burial Sacred Heart

Date Oct. 27 1908

Undertaker Chas F. Eversfield

Address 118 West Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C16664 Registered No. B C16664

CERTIFICATE OF DEATH.

120

Place of Death.) No. 331 S. Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Berthold Henn

{Residence, if in Baltimore, Give Street and Number.} 331 S Parrish

Duration of Residence in Baltimore. 43 year

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Dec 12 " 1838
AGE	69 years, 11 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Dont Knew
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Sophia Becher
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Henn

(Address) 723 S Smallwood

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26 1908 to Oct 26 1908 that I last saw him alive on Oct 26 1908, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) ——— DAYS

(Signed) Henry Stahr M.D.

Address Irvington

Date October 27 1908

Place of Burial New Cathedral

Date Oct 29 " 1908

Undertaker N. S. Frink

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Wa 4 C16665 Registered No. B C16665

16665

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 755 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Aaron

{Residence, if in Baltimore, Give Street and Number.} 755 W Lexington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Nov 3 1890

AGE 17 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Louis Aaron

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Betty Frank.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Aaron

(Address) 750 Eutaw St

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 1908 to Oct 26 1908 that I last saw h in alive on Oct 25 1908. and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea from Cardiac Depression -

(DURATION) DAYS

Contributory (Primary) Lobar Pneumonia (Left) (DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date Oct 27 1908

Place of Burial Gallo Hebrew Cem

Date Oct 29 1908

Undertaker J Thorpe & Co

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C16666 Registered No. B C16666

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 N Madeira St (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Andrew Fisher

{Residence, if in Baltimore, Give Street and Number.} 210 N Madeira St

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR white
DATE OF BIRTH	1
AGE	68 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Stone Mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Klenk

(Address) 210 N Madeira St

Filed 10/27 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26. 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Oct 26 1908 that I last saw him alive on Oct 25 1908 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Subacute Gastritis

(DURATION) 21 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) Adolph E. Eisenberg M.D.

Address 2213 Orleans St

Date Oct 26 1908

Place of Burial Oak Lawn Cem.

Date 10/28/08 1908

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C16667 Registered No. B C16667

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1822 Ethun St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Kathrni Veronica West.

{ Residence, if in Baltimore, Give Street and Number. } 1822 Ethun St.

Duration of Residence in Baltimore. 22 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James. T. Neal

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Alice Miller

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James T Neal

(Address) 1403 Brunt St

Filed 10/27 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27. 1908

I HEREBY CERTIFY, That I attended deceased from Oct 17, 1908 to Oct 27 1908

that I last saw her alive on Oct 25 1908

and that death occurred, on the date stated above, at 3 A.-M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. H. Wenzer M.D.

Address 1373 N. Carey St

Date Oct. 27, 1908

Place of Burial St. Peters Cemetery

Date October 28 1908

Undertaker Felix B. Ins

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4X

Registered No. C 16668

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clement Hickey

Residence, Give Street and Number, North East, Maryland.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR Wh.

DATE OF BIRTH Nov. 15th 1888

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) York Co. Pa

FULL NAME OF FATHER T. W. Hickey

BIRTHPLACE OF FATHER (State or county) Lancaster Co. Pa

MAIDEN NAME OF MOTHER Mary L. Hickey

BIRTHPLACE OF MOTHER (State or county) York Co. Pa

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T W. Hickey

(Address)

Filed 10/27 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1908 to Oct. 26 1908

that I last saw him alive on Oct. 26 1908

and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Dysentria.

(DURATION) DAYS

Contributory (Primary) Typhoid-Pneumonia (DURATION) DAYS

(Signed) Wm. J. Schmitt M. D.

Address City Hosp.

Date Oct. 26 1908

Place of Burial Delta Pa

Date Oct 28th 1908

Undertaker Lee M. Foust

Address 811 N. Wolfe St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16669

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C16669

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1401 Mosher St.; • Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Samanna Catherine Hake

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: November 29 (Month) (Day) 1848 (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Bridgewater Virginia

FULL NAME OF FATHER: William H Bryarly

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Grove

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V Hake

(Address) 1401 Mosher

Filed Oct 28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 19 1908 to Oct 26 1908 that I last saw her alive on Oct 26 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Bronchio-pneumonia with Asthenia

(DURATION) 10 DAYS

Contributory Asthenia Pneumonia with General debility (DURATION) 6 years DAYS

(Signed) H I Hendrix M. D.

Oct 28 1908 (Address) 640 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Martinsburg Va

DATE OF BURIAL: Oct 28 1908

UNDERTAKER: Wilbur W Shriver

ADDRESS: 316 N Fremont Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16670

64.

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 Biddle alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Smith

Residence, Give Street and Number, 500 Biddle alley

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: about 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): do

MAIDEN NAME OF MOTHER: do

BIRTHPLACE OF MOTHER (State or county): do

OCCUPATION OF DECEASED: Whitewasher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R A Elliott

(Address) 506 Rogers Ave

Filed 10/28 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 26 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

suddenly

(DURATION) ~~DAYS~~

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Dixon Bowerman M. D.

Address 700 N. Laf. Ave (Coroner)

Date Oct 27 1908

Place of Burial Laurel Cemetery

Date Oct 28 1908

Undertaker R A Elliott

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C16671 Registered No. B C16671

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Preston

{ Residence, if in Baltimore, Give Street and Number. } 1703 Hoffman Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 31 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Preston

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Francis Preston

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Preston

(Address) 1703 Hoffman Place

Filed 10/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 22 1908 to Oct 27 1908 that I last saw him alive on Oct 27 1908 and that death occurred, on the date stated above, at 4 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address John Hopkins Hospital

Date Oct 27 1908

Place of Burial Chase Station Md

Date Oct 30 1908

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16672

W

HEALTH DEPARTMENT, CITY OF BALTIMORE.

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16672

City of Baltimore, (No. 318 Courtland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charity Boston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: — (Month) (Day) 1 (Year)

AGE: 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Home work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter Rachel Johnson

(Address) 315 Courtland St.

Filed 10/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 9-1 1908 to 10-26 1908

that I last saw h— alive on 10-25 1908,

and that death occurred, on the date stated above, at 11³⁰ A. M. The CAUSE OF DEATH was as follows:

Old aged

Uraemia

	DURATION	DAYS
Contributory	Aged (old)	
	DURATION	DAYS
(Signed) A. G. Barrett		M. D.

10-26 1908 (Address) 1631 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Oct 28 1908
UNDERTAKER	ADDRESS
W. A. Elliott	504 Rayen Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 25 C16673 Registered No. B C16673

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1121 Bmsicol St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha R. Graham

{Residence, if in Baltimore, Give Street and Number.} 1121 Brocol st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colrd
DATE OF BIRTH	1
AGE	74 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widdow
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	dont no
BIRTHPLACE OF FATHER (State or country)	dont no
MAIDEN NAME OF MOTHER	dont no
BIRTHPLACE OF MOTHER (State or country)	dont no
OCCUPATION OF DECEASED	domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Graham

(Address) 1121 Brocol st

Filed 10/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Oct 26 1908

that I last saw him alive on Oct 25 1908, and that death occurred, on the date stated above, at 4:30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Haemorrhage

(DURATION) 2 DAYS

Con'ributery (Primary.) Cardiac failure

(DURATION) 2 DAYS

(Signed) E. J. Ellis M.D.

Address 915 Eutaw st

Date Oct 27 1908

Place of Burial Laurel Cemetery

Date Oct. 28 1908

Undertaker John H. Toadvine

Address 1412 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C16674 Registered No. B

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 Arbequith St. (Hebrew Aged Home) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Bessie Goldberg

{ Residence, if in Baltimore, Give Street and Number. } 111 Arbequith St. (Hebrew Aged Home)

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 1826

AGE: 82 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Aarow Levy

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Dora Green

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Zeller 2d

(Address) 204 N Dukeau St.

Filed 10/28 1908

BARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28th 1908

I HEREBY CERTIFY, That I attended deceased from 1905 to Oct. 26 1908

that I last saw her alive on " 26 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary) Senility

(old age) (DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 1121 E Baltimore St

Date Oct 28 1908

Place of Burial Hebrew Rosedale Cemetery

Date Oct. 28 1908

Undertaker Max Levinson

Address 1620 N. Eden ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C16675 Registered No. B C16675

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Nolan

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. about 24 hrs Fells Point

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 35 — years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Altoona Penna.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/28 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1908

I HEREBY CERTIFY, That I attended deceased from ~~Oct 10~~ 190 to 190

that I last saw h~~e~~ alive on 190

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock — Premature Delivery of Dynamite

Left arm ~~& leg~~ & leg, burn

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. T. Riley Barnes M.D.

Address 1639 Bond

Date Oct 10 — 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 27 1908 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOOD

FOR STATISTICAL PURPOSES

W. T. Riley, Barnes

WM. J. C. DULANY CO., BALTIMORE.

Morgan

207.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C16676 151

CERTIFICATE OF DEATH. C16676

(Place of Death.) No Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Margaret A. Walsh

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Sept 16 1908

AGE: ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Bridden

(Address) Nursery & Childs Hosp.

Filed 10/28 1908 HARRY G. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7 1908 to Oct 26 1908

that I last saw her alive on Oct 26 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) Life DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. H. Burton M.D.

Address 222 E. Cross St

Date October 26 1908

Place of Burial COLLEGE OF P. & S

Date OCT 27 1908 1908

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

2/4

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16677

City of Baltimore, (No. German Aged Home St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dora Wendzel

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH (Month) (Day) (Year)	Feb 4 1830
AGE	78 years, 8 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	E. Brockhardt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Eva —
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record German Aged Home

(Address) W Baltimore St

Filed 10/28 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 12 1908 to October 26 1908 that I last saw h er alive on October 26 1908, and that death occurred, on the date stated above, at 8 P M. The CAUSE OF DEATH was as follows:

Asthma Bronchitis.
General weakness

(DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) L. Reinhard M. D.

October 27 1908 (Address) 1900 Linden Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	Oct 28 1908
UNDERTAKER	ADDRESS
Jos B. Cook	1003 W Balt St

V

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 016678

City of Baltimore, (No. 502 S. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna B. Keil

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 3 (Day) 1877 (Year)

AGE: 31 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Wise

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Katherine Barth

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Keil

(Address) 502 S. Eutaw St.

Filed 10/28 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 25 1908 to Oct 28 1908 that I last saw h[illegible] alive on Oct 28 1908, and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Nephritis, Uraemia

In my knowledge (DURATION) 33 DAYS

Contributory Pregnancy 7 mos (DURATION) 25 DAYS

(Signed) Frances A. Conkling M. D.

Oct 28 1908 (Address) cor. Mulberry & Greene St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Oct 30 1908

UNDERTAKER: Mrs A. Bokde & Son — ADDRESS: Oct 30 08

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...PARTMENT, City of Baltimore.

Ward 20

C16679 Registered No. B C16679

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dreis

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: December 13 1867

AGE: 40 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Oles

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Roza Oles

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dreis

(Address) 728 S. Durham St

Filed 10/28 1908 MARY C. ANDREWS, PERITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 1908

I HEREBY CERTIFY, That I attended deceased from October 5 1908 to October 27 1908 that I last saw her alive on October 27 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or immediate.)

Dropsy (DURATION) 90 DAYS

Contributory (Primary.) Carcinoma

Insanitariam (DURATION) 10 DAYS

(Signed) L. Szumalski M.D.

Address 1713 Bank St

Date October 27 1908

Place of Burial St Stanislaus.

Date Friday Oct 30 1908

Undertaker M. F. Sudowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, City of Baltimore.

Ward C. 5 680

Registered No. C C16680

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 26 N. Spring St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daisy Watts

Residence, Give Street and Number, 26 N. Spring St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR B.

DATE OF BIRTH ..... 1 .....

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/28 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 5 a ..M.

CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Frank Carruthers M. D.

Address Coroner

Date October 24 — 1908 190

Place of Burial COLLEGE OF P. & S.

Date OCT 28 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL,

Address

Remarks

Morgue.

FOR STATISTICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

2/2

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

66

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16681

Registered No. B.....

City of Baltimore, (No. 1315 Harlem Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME James William Strong. –

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Wm Strong

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Anna Burns

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Strong

(Address) 1315 Harlem Av

Filed 10/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. – (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct-26 1908 to Oct 27 1908

that I last saw him alive on Oct 26 1908 2:30 P.M. and that death occurred, on the date stated above, at ..... A. M. The CAUSE OF DEATH was as follows:

Paralysis. –

(DURATION) 2 DAYS

Contributory Oedema Lungs.

(DURATION) 1 DAYS

(Signed) W. P. Stubbs M. D.

Oct 27 1908 (Address) 647 N. Calhoun St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Perryville Md	Oct 29 1908
UNDERTAKER	ADDRESS
Wm Cook	330 E Fayette Av

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16682

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 1702 N. Fulton Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Philip B. Loessel

Residence, Give Street and Number, 1702 N. Fulton Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 28 1883
AGE	24 years, 10 months, days
SINGLE, MARRIED, WIDOWED OR DIVORCED	Unmarried
BIRTHPLACE (State or county)	Balto
FULL NAME OF FATHER	Philip J. Loessel
BIRTHPLACE OF FATHER (State or county)	Md
MAIDEN NAME OF MOTHER	Minnie R. Bowdoin
BIRTHPLACE OF MOTHER (State or county)	Md
OCCUPATION OF DECEASED	Cashier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine E. Loessel

(Address) 1702 N. Fulton Ave

Filed 10/28 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 28, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1908 to Oct. 28 1908 that I last saw h im alive on Oct 27 1908 and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

General tuberculosis

(DURATION) ? DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Claude Stonesifer M. D.

Address 1655 Fulton Ave

Date Oct. 28, 1908

Place of Burial Holy Cross

Date Oct 31/08 1908

Undertaker Wm Cook

Address 1503 E Madison

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 16683

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 455 Whitridge av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thaddeus N Bell

Residence, Give Street and Number, 455 Whitridge av

Duration of Residence in Baltimore, life C16683

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER John R Bell

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Sarah Brown

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Bell

(Address) 455 Whitridge av

Filed 10/28 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 19 1908 to Oct 27 1908

that I last saw h[illegible] alive on Oct 27 1908

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of Stomach

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Thos A. Millinan M. D.

Address 2449 York Road

Date Baltimore Oct 27 1908

Place of Burial Greenmount

Date October 30 1908

Undertaker Wm Cook

Address 502 E North ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C C16684

CERTIFICATE OF DEATH.

(Place of Death.) No. 3. Smith St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Alois Groß

Residence, Give Street and Number, 3. Smith St.

Duration of Residence in Baltimore, 31 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 19 1858

AGE: 50 years, ——— months, ——— days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alois Groß

(Address) 3 Smith St

Filed 10/28 190 8 HARRY C. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 190 to Oct 27 190 8

that I last saw him alive on " 26 190 8

and that death occurred, on the date stated above, at 11.40 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

Contributory (Primary) Renal Hard (DURATION) 4 DAYS

(Signed) Wm A Markham M. D.

Address 1121 N Eutaw St.

Date October 29. 190 8

Place of Burial Mount Italy Petersburg

Date Oct 30 1908

Undertaker Robt J Turner

Address 1222 N. Broadway.

Remarks

Ward V C 16685 Registered No. C 16685

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 S. Ann St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Engelbert Keller

{Residence, if in Baltimore, Give Street and Number.} 212 S. Ann St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male COLOR: White

DATE OF BIRTH: Nov. 7 1908

AGE: 3 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Fred. Keller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Fertig

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Keller

(Address) 212 S. Ann St.

Filed 10/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 27 (afternoon) 1908 to Oct. 28. 1908

that I last saw him alive on Oct. 28. 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Membranous Croup.

(DURATION) one DAYS

Contributory (Primary.) Laryngitis

(DURATION) 2 DAYS

(Signed) F. J. Lebald M.D.

Address 1001 Arlington St.

Date Oct. 28. 1908

Place of Burial Holy Redeemer

Date Oct. 29 1908

Undertaker J. J. Klein

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C16686 Registered No. B C16686

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 1302 Druid Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willie Jefferson

{Residence, if in Baltimore, Give Street and Number.} 1302 Druid Hill St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Louis Thomas

BIRTHPLACE OF FATHER (State or country): Frederick Co

MAIDEN NAME OF MOTHER: Sarah Jefferson

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Wilson

(Address) 1302 Druid Hill Ave

Filed 10/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 22 1908 to Oct 27 1908 that I last saw him alive on Oct 26 1908 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno E Brough M.D.

Address 1701 Pa Ave

Date Oct 27 1908

Place of Burial Mount Auburn

Date Oct 29 1908

Undertaker J H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C16687 Registered No. B C16687

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 204 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Martin

{ Residence, if in Baltimore, Give Street and Number. } 204. W Mulberry St.

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Martin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) — — —

OCCUPATION OF DECEASED Hackmen

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Martin Jr

(Address) 207 W Mulberry St

Filed 10/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Monday Oct 26th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1908 to Oct 26th 1908

that I last saw h in alive on Oct 26th 1908,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) One DAYS

Contributory (Primary.) Asthma

Dropsy (DURATION) One DAYS

(Signed) Wm Welch M.D.

Address 607 N Charles St

Date Oct 27th 1908

Place of Burial Cathedral

Date Oct 29 1908

Undertaker Wm J Schilling

Address 204 W Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16688

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 W Fayette St

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary A Hurd

Residence, Give Street and Number, 920 W Fayette St

Duration of Residence in Baltimore, 5 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 1 1849

AGE: 58 years, 11 months, 11 days

~~SINGLE~~, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~. Widow

BIRTHPLACE (State or county): Pa

FULL NAME OF FATHER: James H Roscoe

BIRTHPLACE OF FATHER (State or county): England

MAIDEN NAME OF MOTHER: Mary A Richards

BIRTHPLACE OF MOTHER (State or county): England

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fox

(Address) 920 W Fayette

Filed Oct 29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to Coroner 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M.

CAUSE OF DEATH (Secondary or Immediate,

Bright's Disease

about (DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M. D.
Coroner

Address

Date Oct 29 1908

Place of Burial Montgomery Co Pa
Old Presbyterian Cemetery

Date Oct 29 1908

Undertaker William H Skinner

Address 916 Division ave n

Remarks

Ward ..... C16689 Registered No. B .....

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 2747 Huntington Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie Rosenstadt

{Residence, if in Baltimore, Give Street and Number.} 2747 Huntington ave

Duration of Residence in Baltimore. from birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 23rd 1908

AGE: 22 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alexander Rosenstadt

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Baroitchefsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother of deceased

(Address) 2747 Huntington Ave

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 23 1908 to Oct 28 1908

that I last saw h[illegible] alive on " 28 1908

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (~~Secondary or Immediate~~)

Tuberculous Meningitis

(DURATION) 10 DAYS

Con~~tributory~~ (~~Primary~~.) Asthenia (Immediate)

(DURATION) DAYS

(Signed) M. M. Savage, M.D.

Address 1121 E. Baltimore St.

Date Oct 28 1908

Place of Burial Helena Hunig Rem

Date Oct. 29, 1908

Undertaker Mary Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE BACK PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 18 C16690

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16690

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Wagon Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Flowers Hollis

Residence, Give Street and Number, 912 Wagon Alley.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH 1908

AGE ..... years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Charles T Hollis

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Emma Gross

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Della Gross

(Address) 912 Wagon Alley

Filed 10/29 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... as Coroner

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick Mallon M.D.
Coroner

Address .....

Date Oct 27 1908

Place of Burial Mt Auburn Cemetery

Date October 29th 1908

Undertaker Felix D Tyr

Address 102 E Mulberry St

Remarks Flower Hollis

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7K C16691 Registered No. B C16691

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 405 Wehage St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annamary Ryder

{Residence, if in Baltimore, Give Street and Number.} 405 Wehage St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Cecil Co Md

FULL NAME OF FATHER Agustus Tatman

BIRTHPLACE OF FATHER (State or country) Cecil Co Md

MAIDEN NAME OF MOTHER Mary E Wilson

BIRTHPLACE OF MOTHER (State or country) Cecil Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A Ryder

(Address) 405 Wehage St.

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 27 1908

I HEREBY CERTIFY, That I attended deceased from 1906 to Oct 27 1908

that I last saw h alive on Oct 27 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Complications. Hemiplegia

due to embolism (cerebral). Nephritis

with cardiac dilatation and

Uraemic Coma (DURATION) 2 Yo DAYS

Contributory (Primary.) Uraemic Coma

following convulsion (DURATION) 1 DAYS

(Signed) J H Cole M.D.

Address 735 N Fulton Ave

Date Oct 27 - 1908

Place of Burial Mt. Olivet CEMETERY,

Date OCT 29 1908 OCT 29 1908

Undertaker H. E. HUGHES,

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C16692 Registered No. B C16692

CERTIFICATE OF DEATH.

99

(Place of Death.) No. 1713 Gough St St

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Georgia Jeffries Gregory.

{ Residence, if in Baltimore, Give Street and Number. } 1713 Gough St

Duration of Residence, in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH June 1 1853

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Gregory

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Martha Satchel

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Agnes Gregory

(Address) 713 Gough St.

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27/1908 190

I HEREBY CERTIFY, That I attended deceased from March 13 1908 to Oct 27 1908

that I last saw her alive on Oct 27 1908

and that death occurred, on the date stated above, at 8 A.M.

M. CAUSE OF DEATH (~~Secondary~~ or Immediate

Hemorrhage of the Lungs

Cancer of General Breast

Ulcerated

Past 6 Mos (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1129 W. Baltimore

Date Oct 28 1908 190

Place of Burial St Patricks CEMETERY.

Date OCT 31 1908 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

Ward 14 Registered No. B C16693

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home — St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Isaac John Harriett

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: Oct. 5, 1908

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Milbourne

(Address) St Elezebath Home

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1908 to Oct. 27 1908 that I last saw him alive on Oct. 27 1908 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 21 DAYS

Contributory (Primary.) Life

(DURATION) DAYS

(Signed) A.C. Gillis M.D.

Address 1519 N. Carolina St

Date Oct. 28, 1908

Place of Burial Cathedral Cemetery

Date October 29 1908

Undertaker Felix B. Pyle

Address 1026 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

94

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16694

City of Baltimore, (No. 816 Ashland Ave St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary G. Diggs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — (Month) (Day) 1 (Year)

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 816 Ashland Ave

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Oct 26 1908 that I last saw h[er] alive on Oct 1908, and that death occurred, on the date stated above, at 4 30 A. M. The CAUSE OF DEATH was as follows:

Pleurisy + Empyema

102 (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) J. H. Robinson M. D.

Oct 28 1908 (Address) 726 E. Fusten St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Oct 29 1908

UNDERTAKER: R. A. Elliott — ADDRESS: 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

C16695

Registered No. C C16695

176

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hosp St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Reuben Meyers

Residence, Give Street and Number, 832 Hanover St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH Nov 6 1876

AGE 11 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Jacob Meyers

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Augusta Pansky

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED Schore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Hafenberg

(Address) 832 Hanover.

Filed 10/29 1908

HENRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 28 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h[illegible] alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate, Shock due to Hemorrhage femoral artery cut by knife, during a fight (DURATION) 12 hrs DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Patrick J Martin M. D. Co.

Address

Date Oct 29 1908

Place of Burial Hebrew Cem. Washington Road

Date October 29 1908.

Undertaker M[illegible] Ginnis - Carroll

Address 1229 Hillsdale St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 1 C16696 Registered No. B C16696

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 1808 E Madison St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Marshall

{Residence, if in Baltimore, Give Street and Number.} 1808 E Madison

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 15 1830

AGE 78 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Miller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Unger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ~~Keeper~~ None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Marshall

(Address) 1808 E Madison St

Filed 10/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Oct 27 1908

that I last saw her alive on Oct 27 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. L. Mitchell M.D.

Address 913 N Broadway

Date Oct 28 1908

Place of Burial Baltimore Co.

Date Oct 30 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16697 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Ething St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Bell

{Residence, if in Baltimore, Give Street and Number.} 1132 Ething St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Unknown 1

AGE 49 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Stanley Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Martha Savoy

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mark Johnson

(Address 530 N. Eutaw

Filed 10/29 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Monday Oct 28th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Oct 28 1908

that I last saw h[illegible] alive on Oct 28th 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

36 hours (DURATION) DAYS

Contributory (Primary.) Cirrhosis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date Oct 28th 1908

Place of Burial Cathedral ~~Cemetery~~ Vault

Date Oct 30 1908

Undertaker Walter A. Gaul

Address 912 N. Washington St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 16698

City of Baltimore, (No. 718, 35th (W) St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Judson Howard Traylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: April 27th 1861 (Month) (Day) (Year)	
AGE: 48 years, 6 months, 0 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Richmond Va.	
FULL NAME OF FATHER: Dont Know	
BIRTHPLACE OF FATHER (State or country): Va.	
MAIDEN NAME OF MOTHER: Dont Know	
BIRTHPLACE OF MOTHER (State or country): Va.	
OCCUPATION OF DECEASED: Book Keeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Sallie E. Traylor

(Address) 718-35th St. Hampden

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 27th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1908 to Oct 27th 1908 that I last saw h[illegible] alive on Oct 26th 1908, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Exhaustion following
operative hemorrhage from
lungs (DURATION) 34 DAYS

Contributory Phthisis
(Chronic) (DURATION) 34 DAYS

(Signed) R. B. Kinnaman M. D.

Oct 27 1908 (Address) 314 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 29 1908
UNDERTAKER: Wm E Ehrenwerth	ADDRESS: 919 3rd ave Belair

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C16699 Registered No. B C16699

CERTIFICATE OF DEATH. 1908.

(Place of Death.) No. 611 W West St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Robert Higdon

{ Residence, if in Baltimore, Give Street and Number. } 611 W West St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb 22nd 1843
AGE	65 years, 8 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Ralph Higdon
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Harriett Pell
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia M. Coulin

(Address) 611 W West St

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1908 to Oct 27 1908

that I last saw h alive on Oct 27 1908

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Infection

(DURATION) 23 D

Contributory (Primary.) Uremia (DURATION) 1 D

(Signed) Edward Murphy M.D.

Address 599 Scott St

Date Oct 28 1908

Place of Burial Mount Olivet Cem

Date Oct 30th 1908

Undertaker Eschenauer & Son

Address 1139 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

Registered No. C C16700

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 107 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth B. Herold

Residence, Give Street and Number, 107 S. Durham st.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 41 years, 8 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Geo. Herold

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Walburga Schramm

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Herold

(Address) 107 S. Durham

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 28" 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 19 1908 to October 27 1908 that I last saw her alive on October 27 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION 2 DAYS)

Contributory (Primary) Hemiplegia

(DURATION) 9 DAYS

(Signed) Pierre G. Dausch M. D.

Address 121, Jackson Square

Date October 28 1908

Place of Burial Holy Redeemer

Date Oct. 31" 1908

Undertaker Wendell Lippel Bro

Address 330 S. Bond St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B C16701

City of Baltimore, (No. in Hebrew Hospital 27 N Carey St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Deacon

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Dec (Month) 21 (Day) 1907 (Year)
AGE	years, 10 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	✓
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Deacon
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Chalk
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Lutz

(Address) 1007 N Bond St

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to Oct 27 1908 that I last saw h in alive on Oct 26 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Marasmus

Life to (DURATION) DAYS

Contributory Exhaustion (DURATION) DAYS ✓

(Signed) John Quitmeier M. D.

Oct 28 1908 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1625 Brentwood How long at Place of Death? 5 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 29 1908
UNDERTAKER Henry Lutz	ADDRESS 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7. Registered No. B [illegible] E 167 07

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 S. Port St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmina Schoen.

{Residence, if in Baltimore, Give Street and Number.} 616 S. Port

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1848 Sep. 12, 1

AGE 60 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Christian Naujoks

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Wilhelmina Naujoks

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August E. Schoen.

(Address) 616 S Port St

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 23d 1908 to Oct 28th 1908

that I last saw h[illegible] alive on Oct 27th 1908.

and that death occurred, on the date stated above, at 6.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bronchitis

(DURATION) 35 DAYS

Con'tributory (Primary.) Pulmonary Congestion

(DURATION) 3 DAYS

(Signed) Edw. M. Snyguard M.D.

Address 5 N. Washington St.

Date Oct 29th 1908

Place of Burial Immanuel Cemetery

Date Oct 31 1908

Undertaker Lord & Hermann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C16703 Registered No. B C16703

CERTIFICATE OF DEATH. 159

(Place of Death.) No. In front of 1 E. Barney St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis F. Fallon

{Residence, if in Baltimore, Give Street and Number.} 1817 S. Charles St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dont know

AGE 60 — — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fallon (wife)

(Address) 376 Hamburg St

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 8

M. CAUSE OF DEATH (Secondary or Immediate.)

Suicide
Pistol Shot wound
in the Breast

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address Coroner

Date October 27 1908

Place of Burial Schwartz Cemetery

Date Oct 29 1908

Undertaker E J Fanning

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 #6

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16704

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1611 N Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George William Bentz

Residence, Give Street and Number, 1611 N Dallas St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male.	White.

DATE OF BIRTH: May 12 1840

AGE: 68 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: ~~Fireman~~ Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bentz

(Address) 1611 N Dallas

Filed 10/29 1908

HARRY C. ANDREWS.
PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 28 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1908 to Oct 27 1908

that I last saw h[illegible] alive on Oct 27 1908

and that death occurred, on the date stated above, at 12 45 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Mitral Regurgitation

Hypertrophy

Indefinite (DURATION) ——— DAYS

Contributory (Primary) Exhaustion

(DURATION) ——— DAYS

(Signed) Howard E Worden M. D.

Address 730 E Preston St.

Date October 28 1908

Place of Burial New Cathedral

Date Oct 31 1908

Undertaker E J Young

Address 1938 E Lafayette Ave

Remarks

Ward 15 C15705 Registered No. B C16705 8

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stephen Galloway

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Col.

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1908 to Oct 26 1908 that I last saw h[illegible] alive on Oct 26 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Con'tributory (Primary.) Endo-carditis

(DURATION) DAYS

(Signed) Arth P Bagg M.D.

Address University Hospital

Date Oct. 28 1908

Place of Burial

Date OCT 28 1908 190

Undertaker

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

215

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16706D

HEALTH DEPARTMENT, City of Baltimore.

C16706

Ward 7D

Registered No. C

179

CERTIFICATE OF DEATH.

(Place of Death.) No. In the rear of 69 W. West St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frank A. Spence

Residence, Give Street and Number, In the rear of 69 W. West St

Duration of Residence in Baltimore, Dr Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: March 29 1908

AGE: ——— years, 6 months, 30 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: Frank Spence b.

BIRTHPLACE OF FATHER (State or county): Balto Md.

MAIDEN NAME OF MOTHER: Louisa Anderson b.

BIRTHPLACE OF MOTHER (State or county): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Anderson (mother)

(Address) 69 W West St

Filed 10/29 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 28 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Harry M Kriteman M. D.
Coroner

Address

Date Oct 28. 1908

Place of Burial Mt Auburn Cemetery

Date Oct 29 1908

Undertaker John H Toadvin

Address 142 N Hill St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. C C16707

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1310 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Simon

Residence, Give Street and Number, 1310 E Eager St.

Duration of Residence in Baltimore, Life C 16707

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH October 24 1847

AGE 61 years, months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Citey

FULL NAME OF FATHER Phillip Simon

BIRTHPLACE OF FATHER (State or couuty) Germany

MAIDEN NAME OF MOTHER Mary Hagenrother

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Caroline Simon

(Address) 1310 E. Eager St.

Filed 10/29 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 27. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 24. 1908 to Oct. 26. 1908

that I last saw ~~him~~ alive on Oct. 26. 1908

and that death occurred, on the date stated above, at 8 00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Congestion of the Lungs.

(DURATION) 2 DAYS

Contributory (Primary) Cardiac Asthma

(DURATION) 30 DAYS

(Signed) L. J. Lebolt M. D.

Address 1001 Bisquith St.

Date Oct. 27. 1908

Place of Burial Holy Redeemer Cemetery

Date October 30 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. C 016708

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 E Eager St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Kate Hannon

Residence, Give Street and Number, 910 E Eager St

Duration of Residence in Baltimore, 49 years. C 16708

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH Oct (?) 1849

AGE 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Patrick Gillin

BIRTHPLACE OF FATHER (State or couuty) Ireland

MAIDEN NAME OF MOTHER Ann Duffy

BIRTHPLACE OF MOTHER (State or county) Ireland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Stey e

(Address) 910 E. Eager St.

Filed 11/29 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 28, 1908

I HEREBY CERTIFY, That I attended deceased from July 27 1908 to Oct. 27 1908 that I last saw h[illegible] alive on Oct. 27 1908 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Lobar Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 4 mos. DAYS

(Signed) A C Gillis M. D.

Address 1519 N. Carolina St.

Date Oct. 28, 1908

Place of Burial Holy Cross

Date Oct 30 1908

Undertaker Henry Koeck & Son

Address 1301 E Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

Ward ..... Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 29 S. Carlton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susie L. Cline

{Residence, if in Baltimore, Give Street and Number.} 29 S. Carlton St.

Duration of Residence in Baltimore. Life time C16709

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 12 1866

AGE: 42 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md -

FULL NAME OF FATHER: Jacob Murr

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary C. Wagner

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) 29 S. Carlton St

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27th. 1908

I HEREBY CERTIFY, That I attended deceased from Oct 3 1908 to Oct 27th 1908 that I last saw her alive on Oct 27th 1908 and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 24 DAYS

Contributory (Primary.) Coma

(DURATION) 3 DAYS

(Signed) Henry C. Rice M.D.

Address 1203 W. Fayette St

Date Oct 28th 1908

Place of Burial London Park Cemetery

Date Oct 30th 1908

Undertaker G. F. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 19 C16710 Registered No. B

CERTIFICATE OF DEATH. 19

Place of Death.) No. 1033 Harmony Lane St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.

Full Name Noah Spence

{ Residence, if in Baltimore, Give Street and Number. } 1033 Harmony La

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR d

DATE OF BIRTH 1

AGE ..... years, 56 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Henry Spence

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Levi Spence

(Address) 1033 Harmony Lane

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Oct 27 1908

that I last saw him alive on Oct 27 1908

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate

Organic Disease of Heart

17 (DURATION) DA

Contributory (Primary.) Asthenia

1 hour (DURATION) DA

(Signed) H Nonnd

Address Bayview Asylum

Date Oct 27 1908

Place of Burial Mount Auburn

Date Nov 30 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C16711

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 402 N. Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margretta A Smith

{Residence, if in Baltimore, Give Street and Number.} 402 N. Carrollton Ave

Duration of Residence in Baltimore. Entire life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR white.

DATE OF BIRTH Sept. 28, 1841

AGE 67 years, 1 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ widowed

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John P. Bitzel.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Margretta Herder

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Home wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reuben L. Smith

(Address) 1484 W. Franklin St.

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from June 1905 to July 14 1908, that I last saw h[illegible] alive on July 15 1908, and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

(DURATION) Years ~~DAYS~~

Contributory (Primary.) Cold

(DURATION) 1 DAYS

(Signed) L. E. Bruch M.D.

Address 837 N Fremont St

Date Oct 28 1908

Place of Burial London Park

Date Oct. 30, 1908.

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C16712 Registered No. 0

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 807 Burgundy Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Hurley

Residence, Give Street and Number, 807 Burgundy Place

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	white

DATE OF BIRTH March 7 1875

AGE 33 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Wm. H. Hurley

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Mary Mercer

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Saunders

(Address) 217 S. Pace

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 28 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Oct 28 1908

that I last saw her alive on Oct 28 1908

and that death occurred, on the date stated above, at 12.30 M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Parenchymatous Nephritis

one week (DURATION) DAYS

Contributory (Primary) Cancer

(DURATION) 1 DAYS

(Signed) J. E. Mase M. D.

Address 756 Columbia Ave

Date Oct 28 1908

Place of Burial Baltimore Cem

Date Oct 30 1908

Undertaker Jos. Saunders, Son

Address 217 S. Pace

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C16713 Registered No. B .....

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2712 Broton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jozefa Ptasinski

{ Residence, if in Baltimore, Give Street and Number. } 2712 Broton st

Duration of Residence in Baltimore. 3 years 5 m ~~Life~~

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 3 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bay St. Louis. Miss.

FULL NAME OF FATHER: Alexander Ptasinski.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Julianna Zaczicka.

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Ptasinski.

(Address) 2712 Boston St

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 = 1908

I HEREBY CERTIFY, That I attended deceased from

— 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Comm M.D.

Address 320 ½ Greene St

Date Oct 29 .. 1908

Place of Burial St Stanislaus

Date Friday Oct 30. 1908

Undertaker F. Ludowski

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 016714

City of Baltimore, (No. 1505 Williams St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanche Edna Shadrick

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Nov. (Month) 11 (Day) 1885 (Year)
AGE	22 years, 11 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Archibald Shadrick
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Miss Kane.
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Hallett (mother)

(Address) 1505 Williams

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 27 1908 that I last saw her alive on Oct 27 1908 and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Typhoid fever with relapse

(DURATION) 42 DAYS

Contributory Gradual Heart failure (DURATION) 3 DAYS

(Signed) Wesley Cole, M.D.

Oct 28 1908 (Address) 436 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Oct 30 1908
UNDERTAKER	ADDRESS
I. Frew McCarthy	39 E. Fort

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 Registered No. C 16715

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Campen

Residence, Give Street and Number, — 225 Herrings Ct

Duration of Residence in Baltimore, — 30 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR B.

DATE OF BIRTH —

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER Benj Johnson

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Hannah Johnson

BIRTHPLACE OF MOTHER (State or county) — Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 28 1908

I HEREBY CERTIFY, That I attended deceased from 11/17 1906 to Oct 28 1908

that I last saw h alive on Oct 28 1908

and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Coma

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) W W Baker M. D.

Address Bay View Hospital

Date Oct 29 1908

Place of Burial Laurel Md

Date Oct 30 1908

Undertaker Sam'l H Chase & Son

Address 1400 Mosher St

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. C 16716

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital C 16716 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Batzold

Residence, Give Street and Number, 3319 Foster Ave Canton Md.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR white

DATE OF BIRTH 1831

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Detzold

(Address) 111 S. Clinton st

Filed 10/30 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 28 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Oct 28 1908

that I last saw h... alive on Oct 28 1908

and that death occurred, on the date stated above, at 12 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Uremia

(DURATION) DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) H. E. Wilkinson M. D.

Address St Joseph's Hospital

Date Oct 29 - '08 1908

Place of Burial Holy Redeemer

Date Oct. 31 1908

Undertaker J. J. Kerr

Address 1914 E. Fayette

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. C 16717

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 2418 Belmont Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Rawie C 16717

Residence, Give Street and Number, 2418 Belmont Av.

Duration of Residence in Baltimore, 20 Years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: —

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Carroll

(Address) 2418 Belmont Ave

Filed 10/30 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 29 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1908 to Oct 29 1908

that I last saw her alive on Oct 25 1908

and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate,)

asthenia. Apoplexy intoxication

(DURATION 10 DAYS)

Contributory (Primary) Cancer of Uterus 6 Year (DURATION) DAYS

(Signed) Hampton Bayless M. D.

Address Gulford Ave

Date Oct 29 1908

Place of Burial Laurel

Date Oct 30th 1908

Undertaker I R Elliott

Address 576 Royer St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B .....

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1822. E. Madison St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name James. Karl DeMoss

{Residence, if in Baltimore, Give Street and Number.} 1822. E. Madison St.

Duration of Residence in Baltimore Lifetime C16718

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 1st 1908

AGE — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James. DeMoss

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Sadie Stout

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie DeMoss

(Address) 1822 E Madison St

Filed 10/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 22d 1908 to Oct 28th 1908

that I last saw him alive on Oct 28 1908

and that death occurred, on the date stated above, at 12.00 P. M. CAUSE OF DEATH (Secondary or Immediate

Meningitis

(DURATION) 10 DAYS

Con'tributory (Primary.) Eclampsia

(DURATION) 2 DAYS

(Signed) John Davis M.D.

Address 2102 Oakland Ave

Date October 28th 1908

Place of Burial Balto. Cem.

Date Oct. 30" 1908

Undertaker Geo M. Fonck

Address 811 N Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 N. Pattison Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susanna Grasnick

{Residence, if in Baltimore, Give Street and Number.} 214 N Park Ave

Duration of Residence in Baltimore. 46 yrs. C 16719

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Aug. 22 1832	
AGE 76 years, 2 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Conrad Dietrich
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Wellslager

(Address) 214 N. Pattison Park Ave

Filed 10/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct-23 1908 to Oct 27 1908

that I last saw h[illegible] alive on Oct 26 1908,

and that death occurred, on the date stated above, at 5

259 M. CAUSE OF DEATH (Secondary or Immediate.)

Empy Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Paralysis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1255 Bway

Date Oct 28 1908

Place of Burial St Pauls Cem

Date Oct 30 1908

Undertaker H Landon Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16720

City of Baltimore, (No. 521, Ebbow Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Roman

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Black

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 43 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Harpers Ferry Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hallie Scott

(Address) 521 Ebbow Lane

Filed 10/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1908 to Oct 28 1908 that I last saw him alive on Oct 27 1908, and that death occurred, on the date stated above, at 11 45 A. M. The CAUSE OF DEATH was as follows:

Nephritis

2 mos (DURATION) DAYS

Contributory Acute (DURATION) DAYS

(Signed) C. S. Smith M. D.

Oct 29 1908 (Address) 520 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mont auburn	Oct 30 1908
UNDERTAKER	**ADDRESS**
John H Owens & Son	1222 Druid

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH.

Registered No. B 16721

City of Baltimore, (No. 212, Camden Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Bisesi.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	June 22 1906 (Month) (Day) (Year)
AGE	2 years, 4 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	✓
BIRTHPLACE (State or country)	America, Maryland
FULL NAME OF FATHER	Phillip Bisesi
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Calangaro
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Bisesi

(Address) 212 Camden Lane

Filed 10/29 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 3 1908 to Oct 30 1908 that I last saw him alive on Oct 30 1908, and that death occurred, on the date stated above, at 6 a m. The CAUSE OF DEATH was as follows:

Suffocation

(DURATION) 1 DAYS

Contributory Empysema, left Side

(DURATION) 27 DAYS

(Signed) Lew Benning M. D.

Oct 30 1908 (Address) 400 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Oct 30 1908
UNDERTAKER	ADDRESS
Jos Jensdorf Son	217 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Ward V Registered No. C

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 719 W. Forman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daisy Watson

Residence, Give Street and Number, 719 W. Forman

Duration of Residence in Baltimore, 5 years C16722

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: August 17 1884

AGE: 24 years, 2 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): V a

FULL NAME OF FATHER: Gaskerd Tucker

BIRTHPLACE OF FATHER (State or county): V a

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): V a

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Watson

(Address) 719 W Forman St

Filed 10/30 1908 HARRY C. [illegible], PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 29 1908

I HEREBY CERTIFY, That I attended deceased from Oct 13 1908 to Oct 29 1908

that I last saw h[illegible] alive on Oct 26 1908

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) 21 DAYS

Contributory (Primary) Pul. Tuberculosis

(DURATION) DAYS

(Signed) H S McCaul M. D.

Address 205 E Eutaw St

Date Oct 30 1908

Place of Burial Int Auburn Cemetery

Date Oct 30 1908

Undertaker Wm H Hoopes

Address 609 Little Paca St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 7

HEALTH DEPARTMENT, City of Baltimore. 816723

Registered No. C

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 218 S. Castle St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bridget C. Hoey

Residence, Give Street and Number, 218 S. Castle

Duration of Residence in Baltimore, 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH March 1853

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Jno. Byrne

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Kilgallen

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Hoey

(Address) 218 S. Castle St.

Filed 10/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 28 1908

I HEREBY CERTIFY, That I attended deceased from September 25 1908 to October 28 1908

that I last saw her alive on October 25 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Grip terminating in Chronic bronchitis

(DURATION) 68 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) E. E. Kenk M. D.

Address 2005 E. Baltimore St

Date Oct 29 1908

Place of Burial New Cathedral Cem.

Date Oct. 31st 1908

Undertaker Jno. A. Inman

Address Bank & Gunston

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 Registered No. C 16724

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teelan Teegler

Residence, Give Street and Number, 1707 Lansing Ave

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH —

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address) Lamar Hollyday, Supt.

Filed 10/29 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 29 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1903 to Oct 29 1908 that I last saw h alive on Oct 29 1908 and that death occurred, on the date stated above, at 3.5 A M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Tubercle

Pneumonia (DURATION) — DAYS

(Signed) W. W. Sadler M. D.

Address Bay View Asylum

Date Oct 29 1908

Place of Burial Holy Redeemer

Date Oct 31 1908

Undertaker Wm Cook

Address 809 E. Hartford

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C C16725

CERTIFICATE OF DEATH.

9V

(Place of Death.) No. 228 S. Roland Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lina. Pearl Fair.

Residence, Give Street and Number, 228 S. Roland ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: Sept 19 1907

AGE: 1 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Ernest. S. Fair

BIRTHPLACE OF FATHER (State or county): Balto. Co.

MAIDEN NAME OF MOTHER: Susan. Weaver

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest. S. Fair

(Address) 228 S Roland ave

Filed 10/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 30 th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21st 1908 to Oct 30 1908

that I last saw h er alive on Oct 30 1908

and that death occurred, on the date stated above, at 1 a. M.

CAUSE OF DEATH (Secondary or Immediate,)

Broncho-Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Intestinal Indigestion (DURATION) 5 DAYS

(Signed) L. A. Richardson M. D.

Address 112 W. 25th St

Date Balto Oct 30th 1908

Place of Burial St. Marys. Hampden

Date Oct 31 st 1908

Undertaker Wm. E. Chenoweth & Son

Address 919 - 3rd ave Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C16726

Registered No. B C16726

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 777 N. Chapel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Koerner

{Residence, if in Baltimore, Give Street and Number.} 777 N. Chapel St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 13th 1885

AGE 23 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Georg Koerner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Kuhn

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georg Koerner

(Address) 777 N. Chapel St

Filed 10/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Oct 29th 1908 that I last saw him alive on Oct 29th 1908 and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Ex Pneumonia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Maurice Rose M.D.

Address 1830 E. Baltimore St

Date Oct 29th 1908

Place of Burial Holy Redeemer Cemetery

Date Oct 31st 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1426 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Sulley

{Residence, if in Baltimore, Give Street and Number.} 1426 Ramsay St.

Duration of Residence in Baltimore. Life. C 16727

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Sept. 12 1905	
AGE 3 years, 1 months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. City.
FULL NAME OF FATHER	Nelson Sulley
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Mary Warfield
BIRTHPLACE OF MOTHER (State or country)	A. A. Co. Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson Sulley

(Address) 1426 Ramsay St

Filed 10/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 27 1908 to Oct. 30 1908 that I last saw him alive on Oct. 30 1908, and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia Ed
Cardiac Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Diphtheria.

(DURATION) 7 DAYS

(Signed) R. A. Warner M.D.

Address 893 W. Lombard

Date Oct. 30th 1908

Place of Burial Mount Olivet

Date Oct 31st 1908

Undertaker John L. Fulde

Address 1200 W Lombard St

10 A. M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16728 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William H. Larkin

{Residence, if in Baltimore, Give Street and Number.} 2138 McCulloh st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: white
DATE OF BIRTH: Sept 28th 1866	
AGE: 42 years, 1 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): Baltimore, Md.	
FULL NAME OF FATHER: William H. Larkin	
BIRTHPLACE OF FATHER (State or country): Baltimore Md	
MAIDEN NAME OF MOTHER: Malvina Slatem	
BIRTHPLACE OF MOTHER (State or country): Baltimore City	
OCCUPATION OF DECEASED: Salesman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Gildea

(Address) 1416 Argyle ave

Filed 10/30 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Oct 29 1908

that I last saw him alive on Oct 29 1908

and that death occurred, on the date stated above, at 5.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Con'tributory (Primary.) Typhoid fever (DURATION) 4 weeks ~~DAYS~~

(Signed) J. Herbert Bate M.D.

Address Church Home & Infirmary

Date October 29 1908

Place of Burial Loudon Park

Date Nov 1 1908

Undertaker G. F. Walker

Address 723 N Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C16729 Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carlton Zecker

{ Residence, if in Baltimore, Give Street and Number. } Petersville, Frederick Co., Md.

Duration of Residence in Baltimore. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Middletown, Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. McHollyday

(Address) Church Home & Infirmary

Filed 10/31 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 23 1908 to Oct. 30 1908

that I last saw him alive on Oct. 30 1908

and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs.

(DURATION) 24 hours

Con'tributory (Primary.) Cholicystotomy

Operation Oct. 29, 1908. (DURATION) days

(Signed) W. McHollyday M.D.

Address Church Home & Infirmary

Date Oct. 30 1908

Place of Burial Brunswick Md.

Date Oct 31st 1908

Undertaker C. Schloman & Son

Address 1039 W. Lexington St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 16730 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Stone

Full Name. Elvina H. Fellows

{Residence, if in Baltimore, Give Street and Number.} Orleans Road 412 Hawthorne Road

Duration of Residence in Baltimore. 18 Year

C. 16730

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	white
DATE OF BIRTH	June 24 1851
AGE	57 years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Mobile Al.
FULL NAME OF FATHER	Jabez B. Fellows
BIRTHPLACE OF FATHER (State or country)	Mass
MAIDEN NAME OF MOTHER	Hall
BIRTHPLACE OF MOTHER (State or country)	Mass
OCCUPATION OF DECEASED	Private

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. A. H. A. Mayer

(Address) 1618 Madison Ave.

Filed 10/31 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1908

I HEREBY CERTIFY, That I attended deceased from October 10 1908 to Oct 31 1908 that I last saw her alive on Oct 31 1908 and that death occurred, on the date stated above, at 120 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) DAYS

Con'tributory (Primary.) nephritis interstitialis

(DURATION) 2 Years

(Signed) A. H. A. Mayer M.D.

Address 1618 Madison Ave.

Date October 31 -- 1908

Place of Burial Druid Ridge Cemy

Date Nov. 2 1908

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C16731 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mr. Thos. E. J. Germain

{ Residence, if in Baltimore, Give Street and Number. } Towson Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 10-24 ~~1908~~ 1829

AGE: 79 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto. Co. Md

FULL NAME OF FATHER: David Germain

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Cathusine Henderson

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Germain

(Address) Towson. Md.

Filed 10/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29th 1908

I HEREBY CERTIFY, That I attended deceased from 9-8 1908 to 10-29 1908 that I last saw him alive on 10-29 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 4 DAYS

Contributory (Primary.) Nephritis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date 10 29 1908

Place of Burial Green Mt. Cimetery

Date November 1st 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C16732 Registered No. B C16732

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 308 Dellwood Ave St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Fillmore Belt Stocksdale

{Residence, if in Baltimore, Give Street and Number.} 308 Dellwood Ave.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 25th 1908

AGE ..... years, 9 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) 308 Dellwood Ave

FULL NAME OF FATHER William Tilden Stocksdale

BIRTHPLACE OF FATHER (State or country) Balt. Co. Md.

MAIDEN NAME OF MOTHER Mattie C. Belt

BIRTHPLACE OF MOTHER (State or country) Balt. Co. Md

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. T. Shower

(Address) 421 Roland Ave.

Filed 10/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1908 to Oct 30th 1908 that I last saw him alive on Oct 29th 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of the Lungs

(DURATION) 20 hours DAYS

Contributory (Primary.) with Conditions

Morbid dentition (DURATION) 6 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Oct 30th 1908

Place of Burial M.E. Cemetery Reisterstown Md

Date November 2- 1908

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C16733 Registered No. B [illegible]

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 N Pobbleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L Warner

{ Residence, if in Baltimore, Give Street and Number. } 240 N Pobbleton St

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 30th 1908

AGE about 67 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Carroll Co Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Sears

(Address) 240 N Pobbleton St

Filed 10/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1908 to Oct 30th 1908 that I last saw h[illegible] alive on Oct 30th 1908, and that death occurred, on the date stated above, at 5:46 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary) La Grippe

(DURATION) 3 DAYS

(Signed) Elijah J Russell M.D.

Address 1425 N Broadway

Date Oct 31st 1908

Place of Burial Potters Cemetery

Date November 1 1908

Undertaker Mrs A Robledo Son

Address 730 Bunnelton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1827 E Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Emge.

{Residence, if in Baltimore, Give Street and Number.} 1827 E Lafayette ave

Duration of Residence in Baltimore. All life C16734

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: July 2 — 1833	
AGE: 75 years, — months, — days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Germany.	
FULL NAME OF FATHER: Andrew Emge	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Liefer

(Address) 1829 Lafayette

Filed 10/31 1908 HARRY C. ANDREWS; PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 28 1908 to Oct 30 1908 that I last saw h[er] alive on Oct 29 1908, and that death occurred, on the date stated above, at 8.15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of Brain

(DURATION) DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) Geo. D. Gorman M.D.

Address 1735 N Broadway

Date Oct 30 1908

Place of Burial Holy Cross

Date Nov 2. 1908

Undertaker Robt J Turner

Address 1442 Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 Registered No. C 16735

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1625 26 Day St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Dittmar

Residence, Give Street and Number, 1625 26 Day.

Duration of Residence in Baltimore, 42 years C 16735

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR Wr.

DATE OF BIRTH Feb. 2 1815

AGE 93 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow.

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER John Schlei

BIRTHPLACE OF FATHER (State or couuty) Germany

MAIDEN NAME OF MOTHER Dora (not known).

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Metzel

(Address) 1625 N Gay St

Filed 10/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 30th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7 1908 to Oct 30th 1908

that I last saw her alive on Oct 29 1908

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate,)

Fibroid Debility.

Old Age

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E Edwards M. D.

Address 1719 Eager

Date Oct 30th 1908

Place of Burial Sinai Cemetery

Date Nov 1st 1908

Undertaker Robt Stuart

Address 1442 Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 Registered No. C 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 248 West Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Sitler,

Residence, Give Street and Number, 248 W. Hoffman St.

Duration of Residence in Baltimore, Lifetime C 16736

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH January 28" 1835

AGE 73 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Morris Sitler

BIRTHPLACE OF FATHER (State or couuty) Baltimore Md

MAIDEN NAME OF MOTHER Eliyabeth Robinson

BIRTHPLACE OF MOTHER (State or county) Baltimore, Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Jamie Sitler

(Address) Merchantville N. J.

Filed 10/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 29, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1908 to Oct. 29, 1908 that I last saw her alive on Oct. 29, 1908 and that death occurred, on the date stated above, at One P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure, resulting from an anemic condition of the brain suddenly caused by ~~The~~ weight on the heart of the patient to the water closet. (DURATION) one minute ~~DAYS~~

Contributory (Primary) Chronic gastritis with intermittent acute attacks (DURATION) Yrs DAYS

(Signed) John Hood, M. D.

Address 630 N. Gilmor St

Date October 29, 1908

Place of Burial Greenmount Cemetery

Date October 31" 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C16737 Registered No. B C16737

CERTIFICATE OF DEATH.

(Place of Death.) No. 1922 E. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Clautice

{ Residence, if in Baltimore, Give Street and Number. } 1922 E. Lanvale St.

Duration of Residence in Baltimore. Life C16737

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feby 28th 1860
AGE	48 years, 8 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Clautice

(Address) 1922 E. Lanvale

Filed 10/31 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1908 to Oct 30th 1908

that I last saw her alive on Oct 29th 1908,

and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Extenstion

(DURATION) DAYS

Contributory (Primary) Cancer of Stomach and Intestines (DURATION) DAYS

(Signed) Wm Norman Jones M.D.

Address 1535 E. Baltimore St

Date Oct 30th 1908

Place of Burial Loudon Park Cem

Date 10/1/08 1908

Undertaker J. Kerrigan & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 28

CERTIFICATE OF DEATH.

(Place of Death.) No. 114 Hollins al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Olivier

{ Residence, if in Baltimore, Give Street and Number. } 114 Hollins al C16738

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 1 years, 5 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Frank Olivier

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER May Reynolds

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Reynolds

(Address) 114 Hollins St

Filed 10/31 1908 HARRY C. DULANY, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1908 to Oct. 30 1908 that I last saw her alive on Oct. 30 1908, and that death occurred, on the date stated above, at ....m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 16 hrs. ~~DAYS~~

Contributory (Primary.) Tuberculosis

Meningitis (DURATION) 1 mo ~~DAYS~~

(Signed) R. A. Warner M.D.

Address 693 W. Lombard

Date Oct. 30 1908

Place of Burial Western Cemetery

Date ~~Oct~~ Nov 1 1908

Undertaker John Bowman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16739 Registered No. B

CERTIFICATE OF DEATH.

42

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lily B. McPhail

{Residence, if in Baltimore, Give Street and Number.} 4205 West Arrington Pennhurst Av.

Duration of Residence in Baltimore.

C16739

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white.

DATE OF BIRTH Oct 4, 1851

AGE 57 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER James L. McPhail.

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Margret L. Harman

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Ernest C. Brewer

(Address) 4205 Pennhurst Ave.

Filed 10/31 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 28 1908 to Oct 30 1908 that I last saw h alive on Oct 30 1908, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Cancer of Uterus

(DURATION) 49 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Square Hosp.

Date Oct 30 1908

Place of Burial Druid Ridge Cem

Date ~~Oct~~ Nov 1 1908.

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

CERTIFICATE OF DEATH.

11

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hester Murray

Residence, Give Street and Number, 1722 Morton St.

Duration of Residence in Baltimore, C 16740

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Black

DATE OF BIRTH: Unknown

AGE: Given as 83, but apparently about 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Unknown

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Williams

(Address) 1722 Morton St

Filed 10/31 1908

HARRY C. AUDRAINS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Oct 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Oct 30 1908 that I last saw her alive on Oct 30 1908 and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion of heart

(DURATION) — DAYS

Contributory (Primary) Senility with accompaning heart disease

(DURATION) — DAYS

(Signed) L. F. Streett M. D.

Address Md Genl Hosp.

Date Oct 31 1908

Place of Burial Lamar

Date Nov 1st 1908

Undertaker C & F Stulb

Address 1716 Eutaw

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ... C16741 ... Registered No. D ... 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 624 Bruce St ... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H. & Emma A. Valentine

{ Residence, if in Baltimore, Give Street and Number. } 624 Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 31 1908

AGE: about 2 hours ... years ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James H. Valentine

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Emma A. Conner

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Valentine

(Address) ...

Filed 10/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 31 — 1908 to Oct 31 — 1908 that I last saw h... alive on Oct 31 — 1908 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature delivery caused by constant escape amniotic fluid for 4 months —

(DURATION) DAYS

Contributory (Primary.) ...

(DURATION) DAYS

(Signed) Carlton M Cook M.D.

Address 1101 W Lanvale St

Date Oct. 31 — 1908

Place of Burial Druid Ridge Cemetery

Date Oct 31 1908

Undertaker Wm A Robertson

Address 730 Fa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 Registered No. C 16742

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 821 Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Joseph Small

Residence, Give Street and Number, St Vincents Infant Asy C16742

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infy Asy.

(Address) .....

Filed 10/31 1905 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 30th 1905

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1905 to Oct. 29 1905

that I last saw her alive on ..... 190.....

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John O. Manning M. D.

Address St Vincents Infant Asylum

Date Oct 30 1905

Place of Burial New Cathedral

Date Oct 31 1905

Undertaker Martin Feaby & Son

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. C 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. Hum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teresa Wilson

Residence, Give Street and Number, St Vincent Inf Asy.

Duration of Residence in Baltimore, Life C16743

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address) .....

Filed 10/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Oct. 29 1908 that I last saw her alive on Oct 29 1908 and that death occurred, on the date stated above, at 9 4 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John A Manning M. D.

Address St Vincents Hospital

Date Oct. 30 1908

Place of Burial Mer Cathedral

Date Oct. 31 1908

Undertaker Martin Raley & Son

Address 606 Lafayette Ave

Remarks .....

Ward 10 C16744 Registered No. B

CERTIFICATE OF DEATH. 1766

(Place of Death.) No. 811 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Nosse

{ Residence, if in Baltimore, Give Street and Number. } 811 W. Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 30 th 1908

AGE ..... years, ... months, 2 hours ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. B. Nosse

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margaret Ford

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James B. Nosse

(Address)

Filed 10/31 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Oct 30 1908 that I last saw h[illegible] alive on Oct 30 1908, and that death occurred, on the date stated above, at 1a.m.

CAUSE OF DEATH (Secondary or Immediate)

Pressure on head due to contracted pelvis

(DURATION) DAYS

Contributory (Primary.) Intracranial hemorrhage

(DURATION) DAYS

(Signed) J. E. Bovard M.D.

Address 1302 W. Lanvale St.

Date Oct 31 1908

Place of Burial New Cathedral Cemetery

Date Oct 31 1908

Undertaker H. C. Brannigan & Son

Address 525 Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C16745

City of Baltimore, (No. 303 W. Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie Dawson. (Dawson)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) ..... (Day) 1844 (Year)

AGE: 63 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Rockville Md.

FULL NAME OF FATHER: John R. Miller

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Elizabeth Braddock

BIRTHPLACE OF MOTHER (State or country): Rockville Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Miller

(Address) 2312 N. Calvert St

Filed 10/31 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 21 1907 to Oct 29 1908 that I last saw h[illegible] alive on Oct 26 1908, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Shock and Heart failure
Produced by accidentally
swallowing Carbolic Acid.

(DURATION) ..... DAYS

Contributory Cancer of Pancreas, involving
left lobe of Liver and Transverse Colon
complicated with Diabetes Mellitus
(DURATION) ..... DAYS

(Signed) J. H. Jamison M. D.

Oct 30 1908. (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rockville Md

DATE OF BURIAL: Nov. 1 1908

UNDERTAKER: Jos. B. Cook

ADDRESS: 103 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16746

Registered No. B.....

City of Baltimore, (No. 1209, Pennsylvania St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Datts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Mid Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Dutt

(Address) 1209 Pennsylvania St

Filed 10/31 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6 1908 to Oct 29 1908

that I last saw her alive on Oct 29 1908,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Nephritis, Parenchymatous,

Senility

Probably three years (DURATION) DAYS

Contributory Heart Disease (DURATION) DAYS

(Signed) Wm Lewis M. D.

Oct 30 1908 (Address) 1220 Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Cut Auburn | DATE OF BURIAL: Nov 1 1908

UNDERTAKER: Wm J. Johnson | ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C16747 Registered No. B.....

CERTIFICATE OF DEATH.

(Place of Death.) No. 3003 E Baltimore St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Russell Burnett White

{Residence, if in Baltimore, Give Street and Number.} 3003 E Baltimore St

Duration of Residence in Baltimore. 1 Year 3 months C16747

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: W
DATE OF BIRTH: 1	
AGE: 0 years, 2 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: Robert Burnett White	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mrs Nannie Price	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Robert Burnett White

(Address) 3003 E Balto St

Filed 10/31 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1908

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Oct 29 1908

that I last saw him alive on Oct 29 1908,

and that death occurred, on the date stated above, at 30 M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 19 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) G. C. Krieg M.D.

Address 3038 E Balto St.

Date Oct. 30 1908

Place of Burial Salisbury Md

Date Oct. or Nov. 1 1908

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C16748

Registered No. B

City of Baltimore, (No. 119, South Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Smith

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elisa L. Smith

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Contractor & Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Smith

(Address) 119 S. Broadway.

Filed 10/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 29th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from October 10th 1908 to October 29th 1908 that I last saw h[im] alive on October 29th 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

10 months (DURATION) ~~DAYS~~

Contributory Uraemia

(DURATION) 10 DAYS

(Signed) Thomas B. Futcher M. D.

Oct 30th 1908 (Address) 310 Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov 1 1908

UNDERTAKER: H. E. Hughes — ADDRESS: 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V Registered No. B

CERTIFICATE OF DEATH. 177

(Place of Death.) No. 414 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Neuman

{ Residence, if in Baltimore, Give Street and Number. } 414 N. Chester st

Duration of Residence in Baltimore. 31 yrs C16749

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Charles Graf

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Karl Neuman

(Address) 901 Montford ave

Filed 10/31 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30. 1908

I HEREBY CERTIFY, That I attended deceased from Feb 22 1908 to Oct. 30 1908, that I last saw h[er] alive on 1908, and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Anasarca

about 9 months (DURATION) DAYS

Contributory (Primary.) Cardiac Disease

(DURATION) DAYS

(Signed) W. F. Ryan M.D.

Address 2008 Orleans st

Date Oct. 30 1908

Place of Burial Oak Hill

Date Oct 31 1908

Undertaker Frank Crouch & Son

Address 1904 Eutaw ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C16750 Registered No. B C16750

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CERTIFICATE OF DEATH.

(Place of Death.) No. 725 N Port St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Kocourek

{ Residence, if in Baltimore, Give Street and Number. } 725 N. Port st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Kocourek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Spacirna

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Kocourek

(Address) 725 N. Port st

Filed 10/31 1908 HARRY G. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Oct 31 1908 that I last saw h[illegible] alive on [illegible] 190[illegible], and that death occurred, on the date stated above, at [illegible] a. m. CAUSE OF DEATH (Secondary or Immediate.)

Infantile Convulsions

(DURATION) 1 DAYS

Contributory (Primary) [illegible]

(DURATION) DAYS

(Signed) W J Ryan M.D.

Address 2 S Broadway

Date Oct 31 1908

Place of Burial Mt Olivet

Date Nov 1 1908

Undertaker Frank Brechmyer

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 16751

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 Hafslins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza A Green

Residence, Give Street and Number, 904 Hafslins Ave

Duration of Residence in Baltimore, Life C16751

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F

COLOR: W

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabel Ledden

(Address) 904 Hafslins

Filed 10/31 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 24 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of Breast

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carmine M. D.

Address Arrow Mem

Date Oct 30 1908

Place of Burial Mt Carmel

Date ~~Oct~~ Nov 1 1908

Undertaker Everhart

Address 503 E. Fayette

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C16752 Registered No. C 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1827 Clifton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida V. Ritter

Residence, Give Street and Number, 1827 Clifton Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: March 13 1908

AGE: ..... years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Henry T. Ritter

BIRTHPLACE OF FATHER (State or county): Owings Mills

MAIDEN NAME OF MOTHER: Pearl. D. Smith

BIRTHPLACE OF MOTHER (State or county): Owings Mills

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pearl. Ritter

(Address) 1827 Clifton Ave.

Filed 10/31 1908 HARRY C. [illegible] Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1908 to Oct. 30 1908

that I last saw h[illegible] alive on Oct. 29 1908

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions.

(DURATION) DAYS

Contributory (Primary) Acute Gastro Enteric

Infection (DURATION) DAYS

(Signed) Howard Kahn M. D.

Address 1902 Edmondson Ave

Date Oct. 30 1908

Place of Burial Pleasant Hill

Date Nov 1 08 1908

Undertaker Wm Cook

Address 502 E. Hartford

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C16753 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 Monticello ave Waverly St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Margarete E. Auerback

{ Residence, if in Baltimore, Give Street and Number. } 126 Monticello ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 10 1908

AGE: [redacted] years 9 months 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: George Auerback

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Shultz

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Auerback

(Address) 126 Monticello ave

Filed 10/31 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Oct 30 1908

that I last saw her alive on Oct 29 1908

and that death occurred, on the date stated above, at 5 Am. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 10 DAYS

(Signed) H. Young Westbrook M.D.

Address 257 Garrett ave

Date October 30 1908

Place of Burial Holy Redeemer

Date Nov 1 1908

Undertaker E. A. Widdefield Jr.

Address 2113 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 16754 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 6 N. Milton ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary B. Englebrecht

{ Residence, if in Baltimore, Give Street and Number. } 6 N. Milton ave.

Duration of Residence in Baltimore. Lifetime. C 16754

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thompson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Nancy Ashley

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Engelbrecht

(Address) 6 N. Milton ave

Filed Oct 31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1908 to Oct 29, 1908

that I last saw h. alive on Oct. 28 1908

and that death occurred, on the date stated above, at 3:30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia caused by Sclerotic heart.

(DURATION) 28 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk (G. G. Rusk) M.D.

Address 2003 E. Baltimore st.,

Date Oct. 30, 1908.

Place of Burial Oak Lawn Cem

Date November 1st 1908

Undertaker H. Allen Fuller

Address 2012 E. Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 216733

CERTIFICATE OF DEATH. Keen, 20

(Place of Death.) No. 930 N Gay St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Fanny J Keen

{Residence, if in Baltimore, Give Street and Number.} 930 N. Gay st

Duration of Residence in Baltimore. Lifetime C16755

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE 71 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md -
FULL NAME OF FATHER	Harold Nayle
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Keen

(Address) 930 N Gay St

Filed Oct 31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 3 - 1908 to Oct. 31 - 1908

that I last saw her alive on Oct. 30 - 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Convulsions

14 hours (DURATION) DAYS

Contributory (Primary) Brights disease

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date October 31 1908

Place of Burial Mt Olivet Cemetery

Date Nov - 2 1908

Undertaker H. Tickner & Son

Address Camden & Paca Sts.

Dr Fenby Caroline nw Preston

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X

Registered No. C16756

156

CERTIFICATE OF DEATH.

(Place of Death.) No. 926 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Lawson Wilson

Residence, Give Street and Number, 926 N. Charles

Duration of Residence in Baltimore, 3 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Lawson B. Wilson

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Mary Sheppard

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Lawson B Wilson

(Address) Washington D C

Filed Oct 31 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 31 (most probably) 1908

I HEREBY CERTIFY, That I attended ~~deceased~~ from

190 to 190

that I last saw ~~h~~ ~~alive on~~ did not between Oct 30 1/2 PM & Oct 31 4:30 AM 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide by Illuminating Gas.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. F. Riley Coroner M. D.

Address 1639 N Broadway

Date Oct 31 1908

Place of Burial London Park Cemetery

Date Nov 2nd 1908

Undertaker Stewart Mowen Co

Address 215 Park ave

Remarks

~~THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.~~

~~SECTION 2. And be it further enacted and ordained,~~ That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19

Registered No. C 16757

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 903 S. Curley St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Liberline

Residence, Give Street and Number, 903 S Curley St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 30th 1908

AGE: ____ years, 3 months, ____ days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Frank Liberline

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Gertrude Friese

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Friese

(Address) 903 S Curley St

Filed Nov 1 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 30th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2d 1908 to Oct 9th 1908

that I last saw her alive on Oct 9 1908

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus (DURATION) 14 DAYS

Contributory (Primary)

Gastro Enteritis (DURATION) 7 DAYS

(Signed) C H Athey M. D.

Address 3200 Hudson St

Date Oct. 31st 1908

Place of Burial Sacred Heart

Date Nov 1st 1908

Undertaker P Nicolaus & Son

Address 1820 Canton Ave

Remarks

HENRY C. [illegible],
PERMIT CLERK.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1540 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willis A Thuma

{ Residence, if in Baltimore, Give Street and Number. } 1540 S. Charles St

Duration of Residence in Baltimore. 20 yrs C 16758

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 22 1869

AGE 39 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Shepherdstown Pa

FULL NAME OF FATHER Jeremiah A Thuma

BIRTHPLACE OF FATHER (State or country) Cumberland Co Pa

MAIDEN NAME OF MOTHER Laura E Mc Cannon

BIRTHPLACE OF MOTHER (State or country) Cumberland Co Pa

OCCUPATION OF DECEASED Freight Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Thuma (wife)

(Address) 1540 S Charles St

Filed Nov 1 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5.05 P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

due to Septic Infection

of Leg. crushed may 1.08 & amputated July. 5. 1908.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Reinhardt M.D.

Coroner

Address .....

Date October 29 1908

Place of Burial London Park Cemetery

Date November 1 1908

Undertaker Edward L Hanssing

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1740 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mabel B. Seymour

{Residence, if in Baltimore, Give Street and Number.} 1740 Hanover St.

Duration of Residence in Baltimore. Lifetime C 16759

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR White	DATE OF DEATH Oct 30 1908
DATE OF BIRTH December 24 1878	I HEREBY CERTIFY, That I attended deceased from Oct 26 1908 to Oct 30 1908
AGE 29 years, 11 months, 6 days	that I last saw h[illegible] alive on Oct 30 1908
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married	and that death occurred, on the date stated above, at 10.30 A. M.
BIRTHPLACE (State or country) Baltimore Md.	CAUSE OF DEATH (Secondary or Immediate) Cardiac Failure
FULL NAME OF FATHER Dennis D Smithers	
BIRTHPLACE OF FATHER (State or country) Ind.	
MAIDEN NAME OF MOTHER Rachel R Newsham	Contributory (Primary) Chronic Nephritis (DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country) Ind	(DURATION) DAYS
OCCUPATION OF DECEASED Housewife	(Signed) [illegible] M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 1228 N Charles St
(Informant) John L. Seymour	Date Oct 30 1908
Address 1740 Hanover St	Place of Burial Elkridge Landing Md
Filed Nov 4th 1908 Registrar	Date Nov 2 1908
HENRY O. ANDREWS PERMIT CLERK.	Undertaker Edwards I Fairman
	Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No 2022 Alicanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Haydin

{ Residence, if in Baltimore, Give Street and Number. } 2022 Alicanna

Duration of Residence in Baltimore. Life C16760

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 15 1908

AGE ..... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Hayden

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Gately

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hayden

(Address) 2022 Alicanna Av

Filed Nov 1 1908

Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Inal Intution

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Conner M.D.

Address 320 N Greene St

Date 190

Place of Burial Trinity Cemetery

Date Nov 1st 1908

Undertaker H. Sander & Sons

Address 1710 Lanvale Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1611 E. Biddle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Spicer.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime C16761

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH January 23rd 1823

AGE 85 years, 9 months, 7 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Mark

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Johnasine Mayes

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Armstrong

(Address) 1611 E. Biddle St

Filed Nov 1 1908.

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

Dr. R. K. Knucas.
1001 W. Lanvale

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5 1907 to Oct 28 1908 that I last saw h[illegible] alive on Oct 28 1908, and that death occurred, on ~~the date stated above~~ Oct 30 at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis.

Atout 13 months (DURATION) DAYS

~~Contributory~~ (Primary.)

(DURATION) DAYS

(Signed) Robert K Knucas M.D.

Address 1001 W Lanvale St

Date Oct 31 1908

Place of Burial Mt. Olivet Cemetery

Date November 1st 1908

Undertaker Liston T. Fusselbaugh

Address 510 N. Gay st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1529 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Brady

{ Residence, if in Baltimore, Give Street and Number. } 1529 W Fayette st

Duration of Residence in Baltimore. 50 years C16762

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 10 1837

AGE 76 years, 3 months, 21 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Morris Galvin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. B. F. Pitzer

(Address) 1529 W. Fayette St.

Filed Nov 1 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Oct 30 1908

that I last saw h[illegible] alive on Oct 30 1908,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Ca~~ Coma

(DURATION) 1 DAYS

Contributory (Primary.) Valvular disease of heart

(DURATION) — DAYS

(Signed) James Boozy M.D.

Address 1701 Hollins ave

Date Oct 31 1908

Place of Burial New Cathedral

Date Nov 2 1908

Undertaker Jas. B Cook

Address 1003 Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18

Registered No. C 16763

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 S. Arlington Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Edna Dunn

Residence, Give Street and Number,

Duration of Residence in Baltimore, C 16763

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.

COLOR W.

DATE OF BIRTH July 31st 1906

AGE 2 years, 2 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Jno. E. Dunn

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Mary J. Lakin

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Dunn

(Address) 122 S. Arlington ave

Filed Nov 1 1908

HARRY C. WELLS, DEPUTY CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 29 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Oct 29 1908

that I last saw her alive on Oct 29 1908.

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Bronch- Pneumonia.

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. D. Price M. D.

Address 26 E. Preston St

Date 190

Place of Burial Cathedral Cem

Date November 1 1908

Undertaker John A. Moran

Address Bank & Cumb Sts

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Noah Rayner

{Residence, if in Baltimore, Give Street and Number.} 315 Bethel St

Duration of Residence in Baltimore. 7 Months C. 16764

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Lynchburg Va.

FULL NAME OF FATHER Henry Rayner

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mariam Brooks.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John F. Tyler

(Address) Md. Penitentiary

Filed 11/1 1908

LEROY C. ADAMS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1908

I HEREBY CERTIFY, That I attended deceased from Oct 29 1908 to Oct 29 1908

that I last saw him alive on Oct 29 1908

and that death occurred, on the date stated above, at 7.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumotypus

(DURATION) 5 DAYS

Contributory (Primary) Phthysis Pulmonalis

(DURATION) DAYS

(Signed) Theodore Conkling M.D.

Address 160 N. Eutaw St.

Date Oct 29 1908

Place of Burial Laurel

Date Nov 1 1908

Undertaker R. A. Eckhardt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 6

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16765

City of Baltimore, (No. 712 E. Fort ave St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Harry Hartlove

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: May (Month) 8 (Day) 1885 (Year)

AGE: 23 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John B. Hartlove

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Caroline Bailey

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hardware

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Hartlove

(Address) 712 E Fort ave

Filed 11/1 1908 HARRY O. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Oct 29 1908

that I last saw him alive on Oct 29 1908;

and that death occurred, on the date stated above, at 5.20 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 11 DAYS

Contributory

(DURATION) 11 DAYS

(Signed) W. S. Smith M. D.

Oct 30 1908 (Address) 820 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: Nov 1st 1908

UNDERTAKER: Jos. Stumbler

ADDRESS: 1018 Lyon

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. C16766

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 398 Forrest St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosario Schmino

{ Residence, if in Baltimore, Give Street and Number. } 398 Forrest

Duration of Residence in Baltimore. Life C 16766

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 6th 1908

AGE ..... years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Charles Schmino

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosa Zachra

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Schmino

(Address) 398 Forrest St.

Filed Nov 1 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26 1908 to Oct 31 1908 that I last saw h.. alive on Oct 31 1908, and that death occurred, on the date stated above, at 1145 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis Acute 5 da

(DURATION) DAYS

Contributory (Primary) Cellulitis (DURATION) 1 DAYS

(Signed) Wm Schaefer M.D.

Address 827 Aisquith St

Date Nov 1 1908

Place of Burial St Vincents Cemetery

Date Nov 2nd 1908

Undertaker Lilly and Zeiler

Address 403 S Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C16767

56

CERTIFICATE OF DEATH.

(Place of Death.) No. 1936 Hollins St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Conway

{ Residence, if in Baltimore, Give Street and Number. } 1936 Hollins St.

Duration of Residence in Baltimore.

C16767

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 5 1856

AGE: 52 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Alexandria

FULL NAME OF FATHER: Michael Conway

BIRTHPLACE OF FATHER (State or country): ~~Ireland~~ Ireland

MAIDEN NAME OF MOTHER: Rose McGuiley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Conway

(Address) 1936 Hollins St.

Filed Nov 1 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Nov.~~ Oct. 31 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1908 to Oct. 31, 1908 that I last saw him alive on Oct. 31, 1908, and that death occurred, on the date stated above, at 12:-

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 6 weeks DAYS

Contributory (Primary.) Alcoholism

(DURATION) — DAYS

(Signed) E. A. Dickey M.D.

Address 14 N. Monroe St.

Date Nov. 1, 1908

Place of Burial London Park

Date Nov 2 1908.

Undertaker Mrs Geo P. Paulis

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C16768

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 938 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Luckhardt

{Residence, if in Baltimore, Give Street and Number.} 938 Tenna av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 31 1902

AGE: ____ years, ____ months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ____

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Luckhardt

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Marohs

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Luckhardt

(Address) 938 Tenna av.

Filed 11/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10-31-1908

I HEREBY CERTIFY, That I attended deceased from 10.31. 1908 to 10.31. 1908

that I last saw him alive on 10.31. 1908

and that death occurred, on the date stated above, at 11 45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Congenital Debility

(DURATION) 1 DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) L. L. Lloyd M.D. M.D.

Address 639 Franklin

Date 11-1- 1908

Place of Burial Schwarzes Cemetary

Date Nov 2. 1908

Undertaker Louis Heumann

Address 37 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 308 South Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude E. Euler

{ Residence, if in Baltimore, Give Street and Number. } 308 South Dallas St.

Duration of Residence in Baltimore. Life

C 16769

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: April 1 1908

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas Euler

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Gertrude Margaret

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Gertrude Euler

(Address) 308 S Dallas St.

Filed 10/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31st 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1908 to Oct 29 1908

that I last saw her alive on Oct 29 1908,

and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion – Heart failure

asphyxia –

(DURATION) 3 DAYS

Contributory (Primary.) Marasmus

(DURATION) 30 DAYS

(Signed) E. Jackson Miller M.D.

Address 2435 Edmondson Av.

Date November 1st 1908.

Place of Burial Trinity Cemetery

Date Nov. 2 1908

Undertaker Louis Heimann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Registered No. C 16770

CERTIFICATE OF DEATH.

(Place of Death.) No. 3411 Chestnut Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Neal

Residence, Give Street and Number, 3411 Chestnut Ave

Duration of Residence in Baltimore, C 16770

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: ~~Henry~~ Sanders

BIRTHPLACE OF FATHER (State or couuty): Md

MAIDEN NAME OF MOTHER: Mary Sanders

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. L. Wood

(Address) 3411 Chestnut Ave

Filed 11/2 190 8

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 31 1908

I HEREBY CERTIFY, That I attended deceased from Jan 7 1908 to Oct 31 1908 that I last saw her alive on Oct 31 1908 and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Asphyxia & Edema of Lungs

Probably about 4 Hours

(DURATION) DAYS

Contributory (Primary) General Dropsy

Edema of Lungs & Collapse (DURATION) DAYS

(Signed) Wm H. Ford Duncan M. D.

Address 800 1st Ave

Date Oct 31 1908

Place of Burial St. Mary's (Hampden)

Date ~~Oct~~ Nov 2/08 190

Undertaker Wm Cook

Address 502 E Monument Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

99

(Place of Death.) No. The Johns Hopkins Hospital St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John C. Beck

{ *Residence, if in Baltimore, Give Street and Number.* } 242 N. Milton Ave

Duration of Residence in Baltimore.

C16771

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH	1
AGE	36 years, months, days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Russell

(Address) Woodbrook Md

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31" 1908

I HEREBY CERTIFY, That I attended deceased from Aug: 28 1908 to Oct: 31" 1908 that I last saw him alive on Oct 31" 1908, and that death occurred, on the date stated above, at 2.46 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Haemmorhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. S. Belcough M.D.

Address Johns Hopkins Hospital

Date 190

Place of Burial Baltimore Cem

Date Nov 2 1908 190

Undertaker Woolcock

Address 602 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

C16772

CERTIFICATE OF DEATH.

90

C16772

(Place of Death.) No. 2108 Cambridge St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lewone Gromazka

{ *Residence, if in Baltimore, Give Street and Number.* } 2108 Cambridge st

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	January 17 1907
AGE	1 years, 9 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Stanislaus Gromazka
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Josefa Ceminska
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Gromazka

(Address) 2108 Cambridge st

Filed 11/2 1908 HARRY C. ANDREWS, Registrar
FIRST CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1st 1908

I HEREBY CERTIFY, That I attended deceased from October 29 1908 to October 29 1908

that I last saw h[illegible] alive on October 29 1908,

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchy (DURATION) 6 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 4 DAYS

(Signed) S. J. Szmalski M.D.

Address 1713 Bank st

Date November 1st 1908

Place of Burial Holy Rosary

Date Nov 2 1908

Undertaker Joseph Zborowski

Address [illegible]

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1924 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma R. Zink

{ Residence, if in Baltimore, Give Street and Number. } 1924 E. Lombard st

Duration of Residence in Baltimore. Lifetime

C 16773

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 18 1883

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry J. Zink

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eva Ebert

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J. Zink

(Address) 1924 E. Lombard

Filed 11/2 1908

HENRY U. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 31st 1908 to Oct 31st 1908 that I last saw h[illegible] alive on Oct 31st 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Uremia caused by Nephritis

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) 1 DAYS

(Signed) John Dawson M.D.

Address 2102 Orleans St

Date October 31st 1908

Place of Burial Mount Olivet

Date Nov. 3 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C16774

61

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St.

If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Oliver F. Buckingham

{Residence, if in Baltimore, Give Street and Number.} 172 Calhoun St

Duration of Residence in Baltimore Life

C16774

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 16 1907

AGE: 1 year, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Theodor Buckingham

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margreth Ranahan

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Margareth Buckingham

(Address) 172 Calhoun St.

Filed 11/2 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1908 to Nov. 2 1908

that I last saw him alive on Nov 2 1908,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary.) Meningitis

(DURATION) 10 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Sq. Hosp.

Date Nov. 2 1908

Place of Burial Loudon Pk

Date Nov 4 1908

Undertaker Wm. Cook & Son

Address 502 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C16775 Registered No. 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Lareany Minter

Residence, Give Street and Number, Grace Ave near Reisterstown Rd. Balto Co

Duration of Residence in Baltimore, 45 years C16775

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Feb 23d Clarksmun 1863

AGE 45 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Severn H. Minter.

BIRTHPLACE OF FATHER (State or county) Virginia.

MAIDEN NAME OF MOTHER Mary E. Blackwell Anderson

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Expressman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sergt. Frank J. Plume

(Address) Northwestern Dist.

Filed 11/2 1908 MARY C. ARNOLD, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 1 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

about (DURATION) 17 hrs

Contributory (Primary) Accidental gu

shot wound (DURATION) DAYS

(Signed) Richard Bowerman M. D.

Address 900 N. Laf. Ave. Corner

Date Nov 1 1908

Place of Burial Druid Ridge Cly

Date November 3rd 1908

Undertaker Steward & Mowen Co

Address 218 Park Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. C 16776

Ward 11

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hans Anderson

Residence, Give Street and Number, (Danish vice-Consul)

Duration of Residence in Baltimore, C 16776

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Not Known

AGE 52 ? years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. ?

BIRTHPLACE (State or county) Norway

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Danish Vice Consul

(Address) Danish Consulate

Filed 11/2 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 30 1908,

I HEREBY CERTIFY, That I attended deceased from Oct. 8 1908 to Oct. 30 1908

that I last saw him alive on Oct. 30 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of lungs

(DURATION) DAYS

Contributory (Primary) General

arteriosclerosis (DURATION) DAYS

(Signed) Wm. McSmith M. D.

Address City Hosp.

Date Oct. 30 1908.

Place of Burial Mt Carmel

Date Nov 2 1908

Undertaker Ruff & Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16777 Registered No. C

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 318 St. 20½ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Richardson

Residence, Give Street and Number, 318 20½ St.

Duration of Residence in Baltimore, Life C16777

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR Col.

DATE OF BIRTH June 1908

AGE ..... years, 4 months, ± some days more

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or county) Unknown.

MAIDEN NAME OF MOTHER Sadie Richardson

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Haughton Bailey

(Address) Guilford Ave & 22

Filed 11/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 31 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Oct 31 1908

that I last saw him alive on Oct 30 1908

and that death occurred, on the date stated above, at 6.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Toxaemia & Heart failure

(DURATION) 6 DAYS

Contributory (Primary) Acute Pneumonia

(DURATION) 6 DAYS

(Signed) Haughton Bailey M. D.

Address Guilford Ave & 22

Date October 31 1908

Place of Burial Laurel

Date Oct 2 1908

Undertaker R F Elliott

Address 502 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C16778 /

CERTIFICATE OF DEATH.

(Place of Death.) No. 667 Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Moore

{Residence, if in Baltimore, Give Street and Number.} 414 Ogden St

Duration of Residence in Baltimore. Life time C16778

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Moore

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Sales

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Sales

(Address) 667 Pine St

Filed 11/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31st. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1908 to Oct. 21st 1908 that I last saw him alive on Oct. 31st 1908, and that death occurred, on the date stated above, at 3.45 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 28 DAYS

Contributory (Primary.) Myocarditis

(DURATION) 6 DAYS

(Signed) A. F. Ries M.D.

Address 213 S. Broad St

Date Oct. 31st. 1908

Place of Burial St. Peters Cemetery

Date Nov 3 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth the *full name, sex, age, condition* (whether married or single) of the person

Ward 5 C16779 Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1307 Eastern Ave C16779 St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John H. Smith

{Residence, if in Baltimore, Give Street and Number.} 1307 Eastern Ave

Duration of Residence in Baltimore. Life Balto. Md.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 27th 1839

AGE 68 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Smith

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Clark

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Diacont

(Address) 1307 Eastern Ave

Filed 11/2 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Sudler Comin M.D.

Address 320 N Greene St

Date ..... 190 .....

Place of Burial Baltimore Cem.

Date Nov. 2nd 190 8

Undertaker H. Sauder & Sons

Address 710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C16760 Registered No. C

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 663 Sterling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Mc Laughlin

Residence, Give Street and Number, 663 Sterling St.

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. 28 1828

AGE: 80 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Alexander Mc Donnell

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Catherine Fitzpatrick

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 663 Sterling St.

Filed 11/2 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 31st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1905 to Oct 31st 1908

that I last saw h[illegible] alive on Oct 31st 1908

and that death occurred, on the date stated above, at 1100

(1) M. CAUSE OF DEATH (Secondary or Immediate,)

Cellular Cancer of Head with Metastasis

(DURATION) 1034 DAYS

Contributory (Primary) Rheumatism

(DURATION) 2 mos DAYS

(Signed) Edward P. Connell M. D.

Address 208 Aisquith St

Date Nov 11 08 1908

Place of Burial Cathedral Cemetery

Date November 3rd 1908

Undertaker Chas J. Evans

Address 118-120 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 S Madison st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daisy Lemon

{Residence, if in Baltimore, Give Street and Number.} 203 S Madison st

Duration of Residence in Baltimore. Life C 16781

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: 1

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Lemon M.D.

Address 320 N Greene St.

Date 190

Place of Burial COLLEGE OF P. & S

Date OCT 30 1908

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

16 P

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Gibson, Col.

Residence, Give Street and Number, Swan Creek, Md.

Duration of Residence in Baltimore, 2 days. C16782

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. ?

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/2 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Shock, accidental amputation of left leg and arm, trauma of head. (DURATION) 2 DAYS

Contributory (Primary) Railroad accident (DURATION) DAYS

(Signed) Ronald T. Abercrombie, M. D.
Coroner

Address .....

Date October 28 1908

JOHNS HOPKINS HOSPITAL
OCT 30 1908

Place of Burial .....

Date ..... 190 .....

Undertaker .....

Address .....

Remarks Body has been held at the Morgue with no claimant. Subject for City burial.

21 E

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. C 16783

CERTIFICATE OF DEATH.

C 16783

(Place of Death.) No. 806 Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Filbert

Residence, Give Street and Number, 806 Hopkins Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH July 25 1853

AGE 56 years, 3 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Michael Filbert

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 806 Hopkins Ave

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 30 1908

I HEREBY CERTIFY, That I attended deceased from June 1902 to Oct 30 1908

that I last saw h-- alive on Oct 30 1908

and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Locomotor ataxia

Paralysis

(DURATION) DAYS

Contributory (Primary) Coma

(DURATION) DAYS

(Signed) Alb A Sagl M. D.

Address 709 N Broadway

Date 10/31 1908

Place of Burial Mt Carmel

Date November 2, 1908

Undertaker H. C. Diefefeld

Address 914 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

133

(Place of Death.) No. 1436 Argyle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adda B. Tyner

{Residence, if in Baltimore, Give Street and Number.} #1436 Argyle Ave

Duration of Residence in Baltimore. Two years C16784

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER John W. Ross

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Sarah J. Parker

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Tyner

(Address) 1436 Argyle Ave

Filed 10/2 190 HARRY C. ..... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 31 1908 to Oct 31 1908 that I last saw h-- alive on Oct 31 1908 and that death occurred, on the date stated above, at 12:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Post partum Hemorrhage

(DURATION) 1/2 Hour

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) D. Grant Foott M.D.

Address 3554 E. Biddle st

Date Nov 1st 1908

Place of Burial Calvert Co Md

Date Nov 2nd 1908

Undertaker Geo. H. Holland

Address 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 Elm Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Clarence Thomas Custis.

{ Residence, if in Baltimore, Give Street and Number. } 904 Elm Place.

Duration of Residence in Baltimore. 12 yrs. C 16785

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
SEX: Male	COLOR: Black	DATE OF DEATH: October 31st 1908
DATE OF BIRTH: May 25 1894		I HEREBY CERTIFY, That I attended deceased from October 10th 1908 to October 31st 1908
AGE: 14 years, 5 months, 6 days		that I last saw h[illegible] alive on October 30th 1908,
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single		and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Virginia		Acute lobar pneumonia
FULL NAME OF FATHER: unknown		(DURATION) 20 DAYS
BIRTHPLACE OF FATHER (State or country): unknown		Contributory (Primary.)
MAIDEN NAME OF MOTHER: Clara Custis		(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country): Virginia		(Signed) Bertha E. Tapman M.D.
OCCUPATION OF DECEASED: School boy		Address 2425 York Road
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Date October 31st 1908
(Informant)		Place of Burial Mayock Kansas Co Va
(Address)		Date Nov 2 1908
Filed 11/2 1908 HARRY C. ARNOLD, PERRY CLERK. Registrar		Undertaker Alex Hemsley
		Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 016786

City of Baltimore, (No. 714 Eutaw st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hermann Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Yellow
DATE OF BIRTH (Month) (Day) (Year)	Do not know
AGE	50 years, — months, — days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	China
FULL NAME OF FATHER	Do not know
BIRTHPLACE OF FATHER (State or country)	" " "
MAIDEN NAME OF MOTHER	" " "
BIRTHPLACE OF MOTHER (State or country)	China
OCCUPATION OF DECEASED	Laundryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lung Lung

(Address) 245 Monument St.

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct-27-30 1908 to 1908,

that I last saw h— alive on Oct-30 1908,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Dropsy

1 Month (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) E W Mitchell, M. D.

Oct. 31 1908 (Address) 814 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	Nov. 3 1908
UNDERTAKER	ADDRESS
E W Mitchell	120 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1936 Edmonson ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Warfield

{Residence, if in Baltimore, Give Street and Number.} 1936 Edmonson ave

Duration of Residence in Baltimore. Life time C16787

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1834

AGE 74 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thomas Stewart

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Elizabeth Brownell

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate V Garland

(Address) 1936 Edmondson ave

Filed 11/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Nov 1 1908 that I last saw h[er] alive on Nov 1 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 60 DAYS

Contributory (Primary.) Gastritis

(DURATION) 60 DAYS

(Signed) [illegible] M.D.

Address 1327 W Fayette St

Date Nov 3 1908 190

Place of Burial London Park

Date Nov 3 190 8

Undertaker W F Dashiell

Address Camden & Lakeside

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustav L Adams.

Residence, Give Street and Number, 604 N. Montgomery

Duration of Residence in Baltimore, Life C16788

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 8 1853

AGE: 54 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Henry Adams

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Minnie Veerhoff

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Paper hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Adams

(Address) 611 Scott

Filed 11/2 1908

HARRY C. ANDREWS, FIRST CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 30 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Overdose of Arsenic

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Herbert C Blake M. D.

Address 1014 N La Fayette ave

Date Oct 31. Coroner 1908

Place of Burial Loudon Park

Date Nov 2 1908

Undertaker H. J. Tuckerton

Address Camden & Paca

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16789

City of Baltimore, (No. 417 W. 26th St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William B Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH (Month, Day, Year)	Sept 17 1908
AGE	0 years, 1 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	James Taylor
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md
MAIDEN NAME OF MOTHER	Sabrah Boner
BIRTHPLACE OF MOTHER (State or country)	Wilmington, Del
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Virginia Thompson

(Address) 408 W 25th St.

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Nov 1 1908 that I last saw him alive on Nov 1 1908, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Dyspnoea

(DURATION) 1/2 DAYS

Contributory Hypertrophy of Endocardium valve of heart (DURATION) 45 DAYS

(Signed) F B Marden M. D.

Nov 1 1908 (Address) 2401 Maryland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	Nov 2nd 1908
UNDERTAKER	**ADDRESS**
A F Phillips	1711 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. # 2022 Hollins St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Mae Waltemeyer

Residence, Give Street and Number, 2022 Hollins St =

Duration of Residence in Baltimore, = Life = C 16790

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: December 12th 1908

AGE: 15 years, 10 months, 18 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED~~ OR DIVORCED. = Single =

BIRTHPLACE (State or county) Baltimore Md =

FULL NAME OF FATHER John F. Waltemeyer

BIRTHPLACE OF FATHER (State or county) = Baltimore Md =

MAIDEN NAME OF MOTHER Lula Lockner

BIRTHPLACE OF MOTHER (State or county) Frederick Co Md =

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Waltemeyer

(Address) 2022 Hollins St =

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 30 - 1908

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to Oct 30 1908

that I last saw h er alive on Oct 30 1908 5-31

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Dysentery (DURATION) 2 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 16 18 mos DAYS

(Signed) Geo W Mance M. D.

Address 1903 W Baltimore St

Date Oct 31 - 1908

Place of Burial Loudon Park Cemetery

Date November 2nd 1908

Undertaker F. B. Nuppert

Address 1 Frederick Av Evld

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 15 Registered No. 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 Cloudenen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. Shriner

Residence, Give Street and Number, 1110 Cloudenen

Duration of Residence in Baltimore, C16791

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Samuel Shriner

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Shriner

(Address) 1110 Cloudenen St

Filed 11/2 190 8 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 31 190 8

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 (A. M.)

CAUSE OF DEATH (Secondary or Immediate,)

Nephritis - Chronic

Liver (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Chas Luttgeman M. D.

Address 1800 N. Chas St

Date Nov 2 190 8

Place of Burial Brucevill Carroll Co Md

Date Nov 3/08. 190

Undertaker William Cook

Address 603 E. Fairmount

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 2012 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Tingley

{ Residence, if in Baltimore, Give Street and Number. } 2012 Linden Ave.

Duration of Residence in Baltimore. 4 years -

C16792

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 1844

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Benjamin Tingley

BIRTHPLACE OF FATHER (State or country): Mass.

MAIDEN NAME OF MOTHER: Elizabeth Clark

BIRTHPLACE OF MOTHER (State or country): Conn

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. Tingley

(Address) 2012 Linden Ave

Filed 11/2 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1908

I HEREBY CERTIFY, That I attended deceased from March 9th 1908 to Nov 1st 1908 that I last saw him alive on Nov 1st 1908, and that death occurred, on the date stated above, at 11-20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of muscles of Deglutition

(DURATION) 6 DAYS

Contributory (Primary.) Hemiplegia Previous attack 1 year ago of Paralysis of Inferior Cerebro Palsy

(DURATION) DAYS

(Signed) T. W. Keown M.D.

Address 1938 Linden Ave

Date November 2nd 1908

Place of Burial Susquehanna Pa.

Date Nov - 3rd 1908

Undertaker Wm M. Gaulthrop

Address Pratt & Linden Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

158

(Place of Death.) No. Fort-Third av Canton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Archer

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 16793

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Oct-26 = 1908

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/2 8 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct-26 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Ludlow Comm M.D.

Address 320 h Greene St.

Date 190

Place of Burial COLLEGE OF P. & S

Date NOV 2 - 1908 190

Undertaker

Address

Commissioner Health.
Per Wm. E. WOODALL,

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 222 W Hamburg St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Ellans

Residence, Give Street and Number, 222 W Hamburg St

Duration of Residence in Baltimore, 18 yrs

C 16794

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: April 30 1890

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. md

FULL NAME OF FATHER: William Ellans

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Dorchester Co. md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ellans

(Address) 222 W. Hamburg St.

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: October 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 13 1908 to Oct 30 1908

that I last saw h sr alive on Oct 28 1908

and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) (?) DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 30 DAYS

(Signed) H B McCard M. D.

Address 2005 O'Donnell av

Date Oct. 30 1908

Place of Burial Taylor's Island, Dorchester Co. Md.

Date Nov. 3 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2003 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Feres

{ Residence, if in Baltimore, Give Street and Number. } 2003 Ramsay st

Duration of Residence in Baltimore. 2 Years C 16795

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Dec 15th 1816

AGE 92 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Penn

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charles Heilmann

(Address) 2003 Ramsay st

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Nov 2 1908

that I last saw h[er] alive on Nov 1 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Umbilical Hernia (DURATION) — DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins Ave

Date Nov 2nd 1908

Place of Burial Loudon Park Cem.

Date Nov 4th 1908

Undertaker C. H. McCormick

Address 1229 W Lanvale st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 507 N. Wolfe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Schulz

{ Residence, if in Baltimore, Give Street and Number. } 507 N. Wolfe st

Duration of Residence in Baltimore. 38 yrs. C16796

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	May 22d 1845
AGE	63 years, 5 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Schulz
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Schmaltz
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	retired baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Julia Schulz

(Address) 507 N. Wolfe st

Filed 11/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31st 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1908 to Oct 31st 1908 that I last saw h~~im~~ alive on Oct 31st 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

(DURATION) 3 DAYS

Contributory (Primary.) Valvular Heart Disease

(DURATION) 61 DAYS

(Signed) Edw. M. Singewald M.D.

Address 5 N. Washington Av.

Date November 1st 1908

Place of Burial Emmanuel Lutheran Cemetery

Date Nov 3 ed 1908

Undertaker George Schilling & Sons

Address 1126 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2412 Penna Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John H Snacke

{ Residence, if in Baltimore, Give Street and Number. } 2412 Penna Ave

Duration of Residence in Baltimore. Life

C 16797

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: — 1838

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Snack

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Snack

(Address) 2412 Penna Ave

Filed 11/2 1908 HARRY C. ANDREWS, PERITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31 st., 1908

I HEREBY CERTIFY, That I attended deceased from July 12th, 1907 to Oct. 31st, 1908

that I last saw h alive on Oct. 31st, 1908,

and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary and Laryngeal Tuberculosis

(DURATION) One yr 7 DAYS

Contributory (Primary.) Gradual Asthenia (DURATION) 3 mos 2 DAYS

(Signed) Wm E Miller M.D.

Address 2209 Penna Ave

Date Nov 2nd 1908

Place of Burial Loudon Park

Date Nov 3rd 1908

Undertaker Martin Feeney & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 Registered No. 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1276 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Owen Reed

Residence, Give Street and Number, 1276 Columbia ave

Duration of Residence in Baltimore, Life C16798

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 6 1841

AGE: 62 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Thomas Reed

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Sophia Williams

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Saloon kpr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie C Reed

(Address) 1276 Columbia ave

Filed 11/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 31 1908

I HEREBY CERTIFY, That I attended deceased from Oct 31 1908 to Oct 31 1908 that I last saw him alive on Oct 31 1908 and that death occurred, on the date stated above, at 3.30 a M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy (Stroke)
3 hours.

(DURATION) 1 DAYS

Contributory (Primary) Coma
3 hours (DURATION) - DAYS

(Signed) J. E. Imme M. D.

Address 866 Columbia ave

Date Oct 31 1908

Place of Burial Woodlawn Park

Date Nov. 3 1908

Undertaker Jas B Cook

Address 1003 W Baltimore St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16799

City of Baltimore, (No. 918 Milton Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Millard R. Lovejoy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 3 (Day) 1846 (Year)

AGE: 62 years, 3 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Abbott L. Lovejoy

BIRTHPLACE OF FATHER (State or country): Towson Mass.

MAIDEN NAME OF MOTHER: Rebecca A. Rhoades

BIRTHPLACE OF MOTHER (State or country): Roxbury Mass

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Birchett

(Address) 918 Milton Place

Filed 11/2 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1908 to Nov. 1 1908 that I last saw h[im] alive on Oct. 31 1908, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Bright's Disease with Heart Complication about one year (DURATION) DAYS

~~Contributory~~ (DURATION) DAYS

(Signed) W. B. Rhoades M. D.

Nov. 2 1908 (Address) 867 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: Nov 3 1908

UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C16800

CERTIFICATE OF DEATH.

(Place of Death.) No. 1334 Carroll St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Flossie Smith

{ Residence, if in Baltimore, Give Street and Number. } 1334 Carroll St

Duration of Residence in Baltimore... Life C16800

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: ...1...	
AGE: ...years, 8 months, ...days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Turner Smith
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Smith

(Address) 1334 Carroll

Filed Nov 3rd 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31st 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Date 1908

that I last saw her alive on Oct 30 1908,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Spinal)

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Mucklo M.D.

Address 1024 S. Paca St

Date Nov 2nd 1908

Place of Burial Mt Zion Cem

Date Nov 3 1908

Undertaker H. A. Hagen

Address 609 Lit. G. Hagen

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. C

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1428 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J Linsenmeyer

Residence, Give Street and Number, 1428 Riverside Ave

Duration of Residence in Baltimore, Life C 16801

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH March 19 1872

AGE 36 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER George J Linsenmeyer

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary G Pfeffer

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Linsenmeyer wife

(Address) 1428 Riverside Ave

Filed 11/3 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 2 1908

that I last saw h living alive on Nov 2 1908

and that death occurred, on the date stated above, at 12.35 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

(DURATION) 6 hours DAYS

Contributory (Primary) Valvular disease of the Heart (DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Address 1017 N Charles St

Date November 2 1908

Place of Burial Cathedral Cem

Date Nov 4 1908

Undertaker Cut & Gudgeon Bro.

Address 1132 N Charles St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Washington McBride

{ Residence, if in Baltimore, Give Street and Number. } 1815 Etting St.

Duration of Residence in Baltimore. Lifetime. C16802

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Coyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna McBride

(Address) 1815 Etting St

Filed 11/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31st 1908

I HEREBY CERTIFY, That I attended deceased from May 3-8 to Oct. 31-8

that I last saw him alive on Oct. 30 1908 9.30

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema.

(DURATION) — DAYS

Contributory (Primary.) Nephritis

(DURATION) — DAYS

(Signed) W. T. Carr, M.D.

Address 515 Mosher St.

Date Nov. 2nd 1908

Place of Burial Mt Auburn

Date Nov 3 1908

Undertaker Hayes & Adams

Address 1056 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16803

City of Baltimore, (No. 1118 Warner St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephen A. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Dark

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Etta Brown

(Address) 1118 Warner St

Filed 11/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 27 1908 to Oct. 30 1908 that I last saw him alive on Oct. 30 1908, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Gastritis

(DURATION) 35 DAYS

Contributory —

(DURATION) — DAYS

(Signed) J. Tyler Leech M. D.

Nov. 1 1908 (Address) 717 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 3 1908

UNDERTAKER: Hayes & Adams — ADDRESS: 1006 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

TION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

CERTIFICATE OF DEATH.

39

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas E. Collins Sr

Residence, Give Street and Number, 545 N. Monroe Ave.

Duration of Residence in Baltimore, C 16804

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH February 4th 1845

AGE 63 years. 8 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED.~~ Widower

BIRTHPLACE (State or county) Philadelphia Pa

FULL NAME OF FATHER Timothy Collins

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Anna Sullivan

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E M Zell

(Address) Academy Hotel

Filed 11/3 1908 HARRY C. INGRAM, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 2, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1908 to Nov. 2 1908

that I last saw h im alive on Nov 2 1908

and that death occurred, on the date stated above, at 7.05 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

(DURATION) DAYS

Contributory (Primary) Carcinoma of tongue (DURATION) DAYS

(Signed) Peregrine Worth, Jr. M. D.

Address Union Protestant Inf.

Date November 2, 1908

Place of Burial Baltimore Cemetery

Date November 4th 1908

Undertaker Geo. Schilling & Sons

Address 1126 E Monument st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 843 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Cummings

{Residence, if in Baltimore, Give Street and Number.} 843 W Lombard st

Duration of Residence in Baltimore. Life C 16805

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR white
DATE OF BIRTH	May 29 1856
AGE	52 years, 5 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Thomas Donohue
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Elizabeth Carney
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Jas F. Donohue

(Address) 843 W Lombard.

Filed 11/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 1908 to Nov 1 1908 that I last saw h[illegible] alive on Oct 31 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) Jno. E. Conrad M.D.

Address 1302 W. Lombard st

Date Nov 2 1908

Place of Burial Cathedral Cemetery

Date Nov 4 1908

Undertaker F. A. Kramer & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

C16806

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

(Place of Death.) No. 325 N Entaw St.

Full Name Sarah Hornick

{ Residence, if in Baltimore, Give Street and Number. } 325 N Entaw st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 52 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Krause

(Address) 325 N Entaw st

Filed 11/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Nov~~ Nov 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Nov 2 1908 that I last saw h er alive on Nov 2 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A Melnicove M.D.

Address 1303 W North ave

Date Nov 2 1908

Place of Burial Loudon Park

Date Nov 4th 1908

Undertaker John F Cowan

Address 901 Bolton st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. D .....

CERTIFICATE OF DEATH.

61

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James P Molloy

{ Residence, if in Baltimore, Give Street and Number. } 1608 Kolbrook St

Duration of Residence in Baltimore. Life

C 16807

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 22 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Molloy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Ennis

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Boyle

(Address) 1127 W Lombard St

Filed 11/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 25 1908 to Nov. 2 1908

that I last saw him alive on Nov. 2 1908,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) ..... DAYS

Contributory (Primary.) Meningitis

(DURATION) ..... DAYS

(Signed) Wm J Schmit M.D.

Address City Hospital

Date Nov. 3 1908.

Place of Burial Holy Cross

Date Nov 1908

Undertaker John F Gowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 16808

City of Baltimore, (No. 1876 Hanford ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Julia Schaffer

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White

DATE OF BIRTH: April (Month) 6 (Day) 1889 (Year)

AGE: 19 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City of Baltimore

FULL NAME OF FATHER: John B. Schaffer

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Annie M. Davidson

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Schaffer

(Address) 1876 Hanford a.

Filed 11/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to Nov. 1 1908

that I last saw h[er] alive on Oct. 06 1908,

and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Intoxication

2 yrs. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) L. R. Palmer M. D.

Nov. 1 1908 (Address) 1021 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: November 4 1908

UNDERTAKER: Henry Hock & Son

ADDRESS: 1301 E Eager st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert H Tynes

{Residence, if in Baltimore, Give Street and Number.} Suffolk Virginia

Duration of Residence in Baltimore. None C16809

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widowed

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 11/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1908 to November 2 1908

that I last saw h[illegible] alive on November 2 1908,

and that death occurred, on the date stated above, at 3.20 P. M., CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) DAYS

Contributory (Primary.) Broken down Pylorus 7

(DURATION) DAYS

(Signed) W. D. Booker M.D.

Address Johns Hopkins Hospital

Date November 3rd 1908

Place of Burial Suffolk Va.

Date Nov 3 1908

Undertaker Hy W. Jenkins & Sons Co

Address 26 W. Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If ... given]

SEX 9

DATE

AGE

SINGLE WIDOWED

BIRTHPLACE (State)

FULL NAME OF F

BIRTHPLACE OF F (State)

MAIDEN OF M

BIRTHPLACE OF M (State)

OCCUPATION OF D

THE ABOVE BEST

(Informant)

Filed 11/

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital Insane Dept St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Emil Schneider or George Schmidt Schneider.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Baltimore

C 16810

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Unknown~~ Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ~~Unknown~~ Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/3 1908

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Nov 1 1908 that I last saw him alive on Nov 1 1908, and that death occurred, on the date stated above, at 8 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Asylum.

Date November 2 1908

Place of Burial Mem. Gardens

Date Nov 4 " 1908

Undertaker H. S. Fitch

Address 413 N. Probst St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

eased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1634 N. Calvert St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Elizabetth Messersmith

Residence, Give Street and Number, 1634 N. Calvert St.

Duration of Residence in Baltimore, 66 years C 16811

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: Oct 15 1823

AGE: 85 years, — months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Emanuel Klinglhoffer

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E Messersmith

(Address) 1634 Calvert st

Filed 11/8 1908 HENRY C. ANDREWS, PERRIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1908 to Nov 22 1908

that I last saw her alive on Nov 2nd 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Hypertrophy of Heart & Old Age

10 months (DURATION) DAYS

Contributory (Primary) Prostration (DURATION) 14 DAYS

(Signed) Chas L Buddenbohm M. D.

Address 918 S. Paca St.

Date Nov 2nd/08 1908

Place of Burial Loudon Park Cty

Date November 4th 1908

Undertaker Steward & Mowen Co.

Address 218 Park Av.

Remarks

Dr Buddenbohm

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1930 Mt Royal Terrace St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John L Lawton

Residence, Give Street and Number,

Duration of Residence in Baltimore, Seventy Years C 16812

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Sept 25th 1824

AGE 84 years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Old Point-Va

FULL NAME OF FATHER Geo Lawton

BIRTHPLACE OF FATHER (State or county) Rhode Island

MAIDEN NAME OF MOTHER Hannah Hill

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos L Lawton

(Address) 10th & Cliflow Ave.

Filed 11/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 1st 1908

I HEREBY CERTIFY, That I attended deceased from June 2d 1908 to Nov 1st 1908

that I last saw h on alive on Nov 1st 1908

and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Bronchitis

Senility (Several years)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E Bowers M. D.

Address 1733 Linden Ave - Nov 2nd

Date 1908

Place of Burial Loudon Park Cty.

Date November 4th 1908

Undertaker Stewart H Bowen Co

Address 215 Park Ave.

Remarks

Residence 1733 Linden Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 2730 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E League

Residence, Give Street and Number, 2730 E Baltimore

Duration of Residence in Baltimore, Life C16813

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR W

DATE OF BIRTH June 30 18 4x

AGE 64 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER James Linney

BIRTHPLACE OF FATHER (State or county) Washington D.C.

MAIDEN NAME OF MOTHER Sarah Wright

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt G. League

(Address) 2730 E Balto

Filed 11/3 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 1 1908

I HEREBY CERTIFY, That I attended deceased from October 22 1908 to Nov 1 1908

that I last saw h alive on Oct 31 1908

and that death occurred, on the date stated above, at a M.

CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Apoplexy

(DURATION) 1 week DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. J. O'Donnell M. D.

Address 1340 S Charles

Date Nov 3rd 08 1908

Place of Burial Dear Lawn

Date Nov 4 1908

Undertaker Capt Thomas

Address 1422 N. Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 131 N Grove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles B Underwood

Residence, Give Street and Number, 131 N Grove St

Duration of Residence in Baltimore, Life C16814

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 25 ~~Not Known~~ 1869

AGE: 39 years, ... months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Joseph Underwood

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER ~~Mary~~ Miller

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie F Underwood

(Address) 131 N Grove St

Filed 11/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 1 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21, 1908 to Oct 31 1908

that I last saw h— alive on Oct 31 1908

and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate,)

Asthma

(DURATION) 11 DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Louis Vogel M. D.

Address 2601 G Monument

Date Nov 1 1908

Place of Burial Loudon Park

Date Nov 4 1908

Undertaker Robt F Turner

Address 1442 N Broadway

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1028 Mc Clenaughs St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma M Basford

Residence, Give Street and Number, 1028

Duration of Residence in Baltimore, Life C16815

PERSONAL AND STATISTICAL PARTICULARS.

SEX female

COLOR W

DATE OF BIRTH October 3 1876

AGE 32 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Frank Adam Stek

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Ferguson

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Stek

(Address) 1028 Mc Clenaughs

Filed 11/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 1 St 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1908 to Nov 1st 1908 that I last saw her alive on Oct 30th 1908 and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate,)

Valvular Disease Heart

(DURATION) 4 mos DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M. D.

Address 1504 Eutaw Pl

Date Nov 2nd 1908

Place of Burial Holy Redeemer

Date Nov 4 1908

Undertaker Roff & Turner

Address 1472 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

Section [illegible] *be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 103 N. Montford Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H. Vernon Heilmann

{ Residence, if in Baltimore, Give Street and Number. } 103 N. Montford Ave

Duration of Residence in Baltimore. Life C16 816

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 30th 1899

AGE 9 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Conrad Heilmann

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Ulrich

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Heilmann

(Address) 103 N. Montford

Filed 11/3 1908

BARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept 13 1908 to Nov 2 1908

that I last saw h. alive on Oct 31 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Florida

(DURATION) 7 mks DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) J. C. Blades M.D.

Address 143 N. B'way

Date Nov. 3 1908

Place of Burial Mt. Carmel

Date 11/4/08 190

Undertaker Henry Ahn

Address 210 S Wilkens Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2013 Clifton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gephardt Rider

{ Residence, if in Baltimore, Give Street and Number. } 2013 Clifton Ave

Duration of Residence in Baltimore 2 months 3 days

C16817

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 29 1908

AGE: ____ years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Henry Rider

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Ann Inwood

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Henry Rider

(Address) 2013 Clifton Ave

Filed 11/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1908

I HEREBY CERTIFY, That I attended deceased from ~~Aug~~ Left Aug 29 1908 to Nov 1 1908 that I last saw h-- alive on Nov 1 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition +

Prematurity of Birth

(DURATION) 31 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwards Wheeler M.D.

Address

Date 190

Place of Burial Western Cemetery

Date Nov 3rd 1908

Undertaker John V Humphrey

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1140 McElderry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emilie L. Green

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C/6818

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct. 31st 1908

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emile L. Green

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elias Jones

(Address) 506 Rogers Ave

Filed 11/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31st 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1908 to Oct. 31st 1908

that I last saw h[illegible] alive on Oct. 31 1908,

and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Athrosa

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. W. Simpson M.D.

Address 1626 N. Broadway

Date Nov. 2 1908

Place of Burial Laurel Cem

Date November 3. 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 330 S. Stricker St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno D Frazier.

Residence, Give Street and Number, 330 S. Stricker

Duration of Residence in Baltimore, 3 Years C16819

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 6th 1826

AGE: 82 years, 2 months, days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county): New York

FULL NAME OF FATHER: Daniel Frazier

BIRTHPLACE OF FATHER (State or county): New York

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or county): New York

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Frances Salter

(Address) 330 S. Stricker St

Filed 11/3 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 2 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis resulting from injury.

(DURATION) DAYS

Contributory (Primary) (Accidentally Knocked down by Horse & passing wagon)

(DURATION) DAYS

(Signed) Hurbert C Blake M. D.

Address 1014 N La Fayette

Date Nov. 2 Coroner 190 8.

Place of Burial Pottersville Michigan

Date Nov 5th 1908

Undertaker Geo. Weber

Address 1153 N. Carey 26

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his , to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person d, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Hawkins.

{Residence, if in Baltimore, Give Street and Number.} 1619 Calhoun St.

Duration of Residence in Baltimore. C 16820

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Cy

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elijah Hawkins

(Address) 1619 N. Calhoun St

Filed 11/3 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31. 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 27 1908 to Oct 31 1908 that I last saw h er alive on Oct 31 1908, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions following Acute Gastritis

(DURATION) 3 hours DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) Wm H Wright M.D.

Address 1373 N. Carey St

Date Oct. 31, 1908

Place of Burial Mt Auburn

Date Nov 4 1908

Undertaker Alex Helmsley

Address 578 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

and the **cause and date of death.**

Ward

CERTIFICATE OF DEATH.

(Place of Death.) No. 632 Georges St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Garrison

Residence, Give Street and Number, 632 Georges St

Duration of Residence in Baltimore, 20 Years. C16121

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR Colored

DATE OF BIRTH 1

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Washington D C

FULL NAME OF FATHER Do Know

BIRTHPLACE OF FATHER (State or county) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Garrison

(Address) 632 Georges St

Filed 11/3 1905 HARRY C. ANDREWS Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 3rd 1905

I HEREBY CERTIFY, That I attended deceased from Oct 16th 1905 to Nov 3rd 1905

that I last saw him alive on Nov 2nd 1905

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Carbuncle of Asthenia

(DURATION) 30 DAYS

Contributory (Primary) ✓

(DURATION) DAYS

(Signed) John T. McCarthy M. D.

Address 686 W Franklin St

Date Nov 3rd 1905

Place of Burial Mt Auburn

Date Nov 5 1905

Undertaker Alex Hennessy

Address 578 W Biddle St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

120

Full Name John Greifzu

{ Residence, if in Baltimore, Give Street and Number. } 1101 S. Streeper Sti

Duration of Residence in Baltimore.

C 16822

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 22 1872

AGE: 36 years, 4 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Christian Greifzu

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Greifzu

(Address) 1101 S. Streeper St

Filed 11/3 190 8

BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 1" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26 1908 to Nov 1" 1908 that I last saw h[illegible] alive on Nov 1" 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

Cerebral hemorrhage (?)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Osler M.D.

Address Johns Hopkins Hospital

Date 190

Place of Burial Baltimore Cemetery

Date Nov 3" 1908

Undertaker C. Fallen

Address 1234 [illegible]

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27.

(Place of Death.) No. 2216 Cleveland Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard M Baker

{ Residence, if in Baltimore, Give Street and Number. } 2216 Cleveland Place

Duration of Residence in Baltimore. Whole life C 16823

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 5th 1877

AGE 31 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James R Baker

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Emma J Boblitz

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma J Baker

(Address) 2216 Cleveland Place

Filed 11/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3rd 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Nov 2nd 1908 that I last saw him alive on Nov 2nd 1908, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

One year (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) O Galbraith Carlin M.D.

Address Laurel Md

Date Nov 3rd 1908

Place of Burial Western Cemetary

Date Nov 5/08 190

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq. Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Frank Leffler

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C16824

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 89 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) EL

(Address)

Filed 11/3 1908

BARRY C. AI[illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1908

I HEREBY CERTIFY, That I attended deceased from May 4 1908 to Nov. 1 1908 that I last saw h[illegible] alive on Nov 1 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 7 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Ralph Wiggs M.D.

Address Franklin Sq. Hosp.

Date Nov. 1 1908

Place of Burial Baltimore Cemetery

Date November 4 1908

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 610 Cumberland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elijah Blizzard

Residence, Give Street and Number, 610 Cumberland

Duration of Residence in Baltimore, 30 years C16825

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: .....1.....

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Carroll Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Mdse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma V. Blizzard

(Address) 610 Cumberland

Filed 11/3 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 3 1908

I HEREBY CERTIFY, That I attended deceased from May 10 1908 to Nov. 3 1908 that I last saw him alive on Nov. 2 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

One week. (DURATION) ..... DAYS

Contributory (Primary) Tuberculosis Pulmonalis

Duration (DURATION) ..... DAYS

(Signed) Alex. F. Voss M. D.

Address 1656 N. Gilmor St.

Date Nov. 3 1908

Hamsdey

Place of Burial St. Marys, Leon

Date Nov. 4. 1908

Undertaker Lowe & Son

Address 502 E. Hartford

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H. Wilkinson

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

C16826

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	W.

DATE OF BIRTH — 1

AGE 71 years, Doubtful months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 11/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 2 1908

I HEREBY CERTIFY, That I attended deceased from Sept 28 1908 to Nov 2 1908

that I last saw h in alive on Nov 2 1908

and that death occurred, on the date stated above, at 2 15 M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis & Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Cerebral Hemorrhage

(DURATION) — DAYS

(Signed) W. P. Baker M. D.

Address Bay View Hosp

Date Nov 3 1908

Place of Burial London Park

Date November 3 1908

Undertaker Townsend

Address 502 E Northave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2022 E. Chase St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Charles W. Ringrose

{Residence, if in Baltimore, Give Street and Number.} 2022 E. Chase St

Duration of Residence in Baltimore. Life Time C16827

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 28th 1853
AGE	55 years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James Ringrose
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Awning maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Ringrose

(Address) 2022 E. Chase St.

Filed Nov 3 1908 HARRY C. ANDERSON, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1st, 1908

I HEREBY CERTIFY, That I attended deceased from October 22nd 1908 to November 1st 1908 that I last saw him alive on October 30th 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Emphysema & Exhaustion

(DURATION) 7 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 14 DAYS

(Signed) Albert S. Dunphy M.D

Address 1503 E. North Ave

Date 190

Place of Burial Mt Carmel Cem.

Date Nov. 4th 1908 190

Undertaker A. Fink & Son

Address 916 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PART ENCLOSED BY BLACK LINE TO BE FILLED OUT BY PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 304 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Anna Kissner

Residence, Give Street and Number, 304 S. Ann St.

Duration of Residence in Baltimore, 53 C 16828

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH March 6th 1824

AGE 84 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Joseph K Lebs.

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Barbara E Lasser.

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kissner

(Address) 304 S. Ann St.

Filed Nov 3 1908 HARRY C. ANDERSON Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct - 31 - 08 190

I HEREBY CERTIFY, That I attended deceased from Oct - 1 1908 to Oct 31 - 1908

that I last saw h-r alive on Oct 31 - 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Senile Cardiac Dis
(Atheroma)
17 -

Contributory (Primary) Cerebral Hemorrhage (DURATION) DAYS

— (DURATION) 3 DAYS

(Signed) J C Bonner 6 M. D.

Address 1250 Bolton

Date Nov - 2 1908

Place of Burial Holy Redeemer Cemetery

Date NOV 4 - 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C16829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16829

City of Baltimore, (No. 11½ , East Pleasant St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Malcolm MacDonald

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Canada

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF)

(Informant) Mrs. A. Felton

(Address) 11½ E. Pleasant St.

Filed Nov 3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Nov (Month) ..... 2 (Day) ..... 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Nov 2 1908 that I last saw him alive on Oct 25 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis and Congestion of Liver Died Sudden from a Case of long Time (DURATION) ..... DAYS

Contributory None that I know (DURATION) ..... DAYS

(Signed) W L Morgan M. D.

Nov 2 1908 (Address) 202 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Kingston, Ontario Canada

DATE OF BURIAL Nov. 3 1908

UNDERTAKER Hay. W. Mears and Son

ADDRESS 805 N. Calvert St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. # 3 Old Frederick road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathilda Bopp

{ Residence, if in Baltimore, Give Street and Number. } # 3 Old Frederick road

Duration of Residence in Baltimore, Lifetime C 16830

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug. 29 1876

AGE 32 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore - Md

FULL NAME OF FATHER Philip Engelhaupt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eva Bauer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Bopp (Husband)

(Address) # 3 Old Frederick road

Filed Nov 3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2nd. 1908

I HEREBY CERTIFY, That I attended deceased from Oct 28 1908 to Nov 2 1908 that I last saw h[er] alive on Nov 1 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 4 DAYS

Con'tributory (Primary.) Uraemic Coma

(DURATION) 4 DAYS

(Signed) Henry E. Ohler M.D.

Address 1203 W. Fayette St.

Date Nov 2 - 1908

Place of Burial Loudon Park

Date Nov: 5th 1908

Undertaker E. H. Dill

Address 810 Fredk: ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificat ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the perso eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 18 Long Hill, (Woodberry) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Fannie Stead, Colrk

{ Residence, if in Baltimore, Give Street and Number. } 18 Long Hill

Duration of Residence in Baltimore. 7 Years

C 16831

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Apr 1888

AGE: 19 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne dis Md

FULL NAME OF FATHER: Thomas Carroll

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Fannie Mullard

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Clark

(Address) 18 Long Hill

Filed Nov 3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 1 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Nov 1st 1908

that I last saw her alive on Nov 1st 1908,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia + collapse

(DURATION) 3 DAYS

Con tributory (Primary) Puerperal Septicemia

+Peritonitis (DURATION) 22 DAYS

(Signed) Wm H. Feldman M.D.

Address 800 1st Ave

Date Nov 2nd 1908

Place of Burial Annapolis Md

Date Nov. 4 1908

Undertaker W S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Patient attended by mid-wife in confinement—

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 645 Stirling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Bunk

Residence, Give Street and Number, 645 Stirling St

Duration of Residence in Baltimore, 24 years C16832

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1847

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or county): .. ..

MAIDEN NAME OF MOTHER: .. ..

BIRTHPLACE OF MOTHER (State or county): .. ..

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Bunk

(Address) 645 Stirling St.

Filed 11/4 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 1, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Nov 1. 1908

that I last saw him alive on Oct. 30 1908

and that death occurred, on the date stated above, at 4

4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) Two weeks

Contributory (Primary) Exhaustion

(DURATION) 4 DAYS

(Signed) P. E. Lilly M. D.

Address 1207 Carrollton Ave

Date Nov 1, 1908

Place of Burial Mt Grace Cem.

Date Nov 4th 1908 190

Undertaker Peter A Elliott

Address 506 Rogers Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1103 Hanbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G Hein

Residence, Give Street and Number, 1103 Hanbert St

Duration of Residence in Baltimore, 24 yrs C 16833

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 30 1852

AGE: 56 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John Hein

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Michelmina Dombrosky

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eduard Hein (brother)

(Address) 1103 Hanbert St

Filed 11/4 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 1 1908

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h ____ alive on ____ 190

and that death occurred, on the date stated above, at 5.30 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis 7

(DURATION) ____ DAYS

Contributory (Primary) ____

(DURATION) ____ DAYS

(Signed) Otto H Feinhardt M. D.

Address Coroner

Date November 2 1908

Place of Burial Cedar Hill

Date Nov 4 1908

Undertaker Jos. Stumbleck

Address 1318 Light Str.

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 N Chapel St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jacob Friedel

Residence, Give Street and Number, Chapel & Jefferson Streets

Duration of Residence in Baltimore, 40 yrs. C 16834

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH: 1851

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. J. Friedel

(Address) 500 N. Chapel St.

Filed 11/4 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular heart disease

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date November 3 1908

Place of Burial Cathedral Cemetery

Date November 5th 1908

Undertaker J. Q. Schumacher

Address 512 N. Eutaw St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LI

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, d the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C16835

City of Baltimore, (No. 135 Schroder St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Manger

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. (Month) 31 (Day) 1908. (Year)

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) 135 Schroder St Balto.

FULL NAME OF FATHER John Manger

BIRTHPLACE OF FATHER (State or country) Baltimore Co.

MAIDEN NAME OF MOTHER Maj Ruth Riley

BIRTHPLACE OF MOTHER (State or country) Baltimore Co.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Manger

(Address) 13 S Schroder

Filed 11/4 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 31 1908 to Nov 3 1908 that I last saw him alive on Nov 3 1908, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 4 DAYS

Contributory Premature birth (7 months baby) (DURATION) ..... DAYS

(Signed) Ralph Duffy M. D.

Nov 3 1908 (Address) Franklin Sq. Hosp

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Western Cem | DATE OF BURIAL Nov 4th 1908

UNDERTAKER E. Schloman & Son | ADDRESS 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W Lexington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Nancy Dobbin

{ Residence, if in Baltimore, Give Street and Number. } Aged Women Home

Duration of Residence in Baltimore. Unknown C 16836

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 2 1821

AGE 87 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ single

BIRTHPLACE (State or country) County Antrim Island

FULL NAME OF FATHER Jamie Dobbins

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Nancy Marchan

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elda J Jones

(Address) Aged Women's Home Baltimore & Lexington Sts

Filed 11/4 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 190 to Nov 2 190 8

that I last saw h alive on Nov 1 190 8

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Gastro

Carcinoma

1 yr (DURATION) DA

Contributory (Primary.) Asthenia

(DURATION) DA

(Signed) V. L Norwood M.

Address 93 W Fayette St

Date Nov 3 1908

Place of Burial Baltimore Cemetery

Date Nov. 4th 1908

Undertaker Geo. J. Smith & Co

Address 1005 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 Wilhelm St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Ln Redgrave

{Residence, if in Baltimore, Give Street and Number.} 1812 Wilhelm St Baltimore

Duration of Residence in Baltimore. Life C 16 837

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	March 13th 1908
AGE	..... years, 7 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Nicholas McCabe
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Jennie C Redgrave
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie C Redgrave

(Address) 1812 Wilhelm St

Filed 11/4 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 30th 190 to Nov. 5th 190 8 that I last saw h alive on Nov. 2 190 8, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 13 DAYS

Contributory (Primary.) Cold

(DURATION) DAYS

(Signed) A. J. Bell M.D.

Address 1324 N. Lanvale St

Date Nov. 3rd 1908

Place of Burial Holy Cross

Date November 5 1908

Undertaker Jos B Cook

Address 1003 1/2 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 1045 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Donahue

{Residence, if in Baltimore, Give Street and Number.} 1045 Hollins

Duration of Residence in Baltimore. C 16838

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH Nov. 4 1906

AGE 1 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Martin J Donahue

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine McLaughlin

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin J Donahue

(Address) 1045 Hollins St

Filed 12/4 1908

HARRY C. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 4 1908 to Nov. 2 1908 that I last saw her alive on Nov 2 1908, and that death occurred, on the date stated above, at 11.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) 2 Months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A Andrews M.D.

Address 761 Poplar St

Date Nov 12 1908

Place of Burial New Cathedral

Date November 4 1908

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF D

(Place of Death.) No. 8 0[redacted] Vine St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Thompson

{Residence, if in Baltimore, Give Street and Number.} 804 Vine St

Duration of Residence in Baltimore. Lifetime

C16839

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colerd

DATE OF BIRTH: 1

AGE: 23 years, one months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bal.

FULL NAME OF FATHER: George Ridwright

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Fannie Dorsey

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: domistic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) fannie thomson

(Address) 804 vine st.

Filed 11/4 1908

HARRY C. ARRAWSMITH
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1908.

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to Nov 1 1908.

that I last saw h sv alive on Nov 1 1908,

and that death occurred, on the date stated above, at 7.45 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Genl Weakness.

Contributory (Primary.) Pulmonary Tubercul[osis] (DURATION) DAYS

(Signed) M. dellenberg. M.D.

Address 742 W Fayette st

Date Nov 2 1908

Place of Burial mt auburn cemetry

Date nov 4 1908

Undertaker John H Tarburn

Address 142 n hill st

WM. J. C. DULANY CO., BALTIMORE.

Permit No. A 5 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, November 1, 1908 - 2 P.M.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary Louisa Baitz,

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female C164 40

Age, 32 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None - was an invalid.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1307 East Lexington St.

Cause of Death, First (Primary), Insanity

Second (Immediate), Suicide: Pistol shot through roof of mouth.

Duration of Last Sickness, Has been insane for years.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Nov. 4 1908

Undertaker, E. J Tunney

Place of Business, 1938 E Lafayette

Ronald T. Abercrombie M.D., Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers. [OVER.]

See following Certificate

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

...urred in ...titution, ...stead of ...ber.)

190 ...

...l from

...diate,)

...DAYS

...DAYS

...M. D.

190 ...

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie L. Baity

Residence, Give Street and Number, 1307 E Lexington St

Duration of Residence in Baltimore, Life time C 16840

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: John Elgert

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Mary Erick

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hopkins (Daughter)

(Address) 1307 E Lexington.

Filed 9/4 190 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 1 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pistol shot through roof of mouth: Suicide.

..... (DURATION) ..... DAYS

Contributory (Primary) Insanity. (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date Nov. 1 1908.

Place of Burial Linden Park

Date Nov 4 1908

Undertaker Edward I Fanning

Address 1938 E Lafayette ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF D

(Place of Death.) No. 1106 S Sharp St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick Buchmeier

Residence, Give Street and Number, 1106 S Sharp St

Duration of Residence in Baltimore, 50 years C16841

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: April 19th 1818

AGE: 89 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Wheel Wright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Buchmeier

(Address) 1106 S. Sharp St

Filed 11/4 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 2nd 1908.

I HEREBY CERTIFY, That I attended deceased from Oct. 31 1908 to Nov. 2 1908.

that I last saw him alive on Nov. 1 1908.

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Syncope.

(DURATION) DAYS

Contributory (Primary) Senility.

(DURATION) DAYS

(Signed) Henry Haasebrook M. D.

Address 633 Lexington

Date Nov. 3 1908.

Place of Burial Western Cemetery

Date November 4th 1908

Undertaker F. B. Wiesfeld

Address 1 Frederick Ave. Extd

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, so far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH

(Place of Death.) No. 1006 Hillman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mc Mahon

Residence, Give Street and Number, 1006 Hillman St

Duration of Residence in Baltimore, Last 45 years C168442

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Attended B. Furnace

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Eliza Mc Mahon

(Address) 1006 Hillman St.

Filed 11/4 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. Nov. 3 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1908 to Nov. 2 1908

that I last saw h— alive on Nov. 1 1908

and that death occurred, on the date stated above, at 12 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) James M Benton M. D.

Address 700 E Chase St

Date Nov 3d 1908

Place of Burial New Cathedral Cemetery

Date Nov 5 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LI

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, so far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH

(Place of Death.) No. 1029 N Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George John Staat

Residence, Give Street and Number, 1029 N Central Ave.

Duration of Residence in Baltimore, 56 years C 16843

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 11 1824

AGE: 83 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or county): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Valentine Staat

(Address) 1029 N. Central ave

Filed 11/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1908 to Nov 3rd 1908

that I last saw him alive on Oct 30th 1908

and that death occurred, on the date stated above, at 5-20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Senility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D. E. Stoner M. D.

Address 1501 E Eager St

Date Nov 4th 1908

Place of Burial Holy Redeemer Cemetery

Date Nov 6 1908

Undertaker Henry Stoeck & Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LI

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes nish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a cart far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, d the **cause and date of death.**

PART ENCLOSED BY BLACK LINE TO BE FILLED OUT BY PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 634 Jasper St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter James White

Residence, Give Street and Number, 634 Jasper St.

Duration of Residence in Baltimore, Life C16844

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Col-Tan

DATE OF BIRTH: 14th August 1907

AGE: years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.: S

BIRTHPLACE (State or county): Balto, Md.

FULL NAME OF FATHER: Walter White

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER: Sarah Coleman

BIRTHPLACE OF MOTHER (State or county): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Coleman

(Address) 634 Jasper St.

Filed 11/4 1908

HARRY G. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 11/3 1908

I HEREBY CERTIFY, That I attended deceased from 9/1 1908 to 11/3 1908

that I last saw him alive on 10/25th 1908

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Meningitis

(DURATION) 14 DAYS

Contributory (Primary) Probably, Tu-

Bercular (DURATION) DAYS

(Signed) A. Lee Ennis M. D.

Address 912 Mad. Ave

Date 11/3 1908.

Place of Burial Mt Auburn Cemetery

Date Nov. 4 1908

Undertaker Felix B. Pope.

Address 102 E. Mulberry St.

Remarks

CERTIFICATE OF DEA

(Place of Death.) No. 1529 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James C. Gordon

Residence, Give Street and Number, 1529 Argyle ave

Duration of Residence in Baltimore, 15 yrs. C16845

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Afro-Am

DATE OF BIRTH: 1879

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) N. Carolina

FULL NAME OF FATHER Worthington Lewis

BIRTHPLACE OF FATHER (State or county) V

MAIDEN NAME OF MOTHER Effie Dudley

BIRTHPLACE OF MOTHER (State or county) V

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis H Gordon

(Address) 1529 argyle ave

Filed 11/4 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 2d, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to 11/2 1908

that I last saw h alive on 11/2 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Uremia

(DURATION) 4 days

Contributory (Primary) Acute Nephritis

about 2 Months (DURATION) DAYS

(Signed) A. Lee Lewis M. D.

Address 922 Mad. ave

Date 11/3 1908.

Place of Burial Laurel Cemetery

Date Nov 5th 1908

Undertaker Ellis & Pye

Address 12 E Mulberry St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DE

(Place of Death) No. [illegible] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Brooks (Emma)

Residence, Give Street and Number, —

Duration of Residence in Baltimore, — C16846

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR C

DATE OF BIRTH —

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/4 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct 31 1908

I HEREBY CERTIFY, That I attended deceased from Oct 28 1908 to Oct 31 1908

that I last saw h[illegible] alive on Oct 31 1908

and that death occurred, on the date stated above, at 10[illegible] A. M. CAUSE OF DEATH (Secondary or Immediate,)

[illegible]

[illegible] (DURATION) — DAYS

Contributory (Primary) Pulmonary [illegible]

[illegible] (DURATION) — DAYS

(Signed) H. H. Baker M. D.

Address Bay View Hospital

Date Oct 31 1908

Place of Burial COLLEGE OF P. & S.

Date Nov 2 1908

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks

CERTIFICATE OF D[illegible]

(Place of Death.) No. 418 Harford ave exit St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Rebecca Bernasco

{Residence, if in Baltimore, Give Street and Number.} 418 Harford ave exit

Duration of Residence in Baltimore. 35 years

C16847

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Mch 18. 1866

AGE: 42 years, 7 months, 16 days (1866 / 7 / 18)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: H. C. Prime

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. C. Bernasco

(Address) 418 Harford Ave. City

Filed 11/4 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to Nov 3 1908

that I last saw h[illegible] alive on Nov 3 1908,

and that death occurred, on the date stated above, at 7.30

M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

4 mo (DURATION) DAYS

Contributory (Primary.) Brights Disease

2 years (DURATION) DAYS

(Signed) G Lane Taneyhill M.D.

Address 1103 Madison ave

Date Nov 3 1908

Place of Burial Loudon Park Cemetery

Date November 6 1908

Undertaker Henry W Means Est & Son

Address 805 W Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LIN

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF

(Place of Death.) No. 638 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kunigunda Lederer

{ Residence, if in Baltimore, Give Street and Number. } 638 N. Broadway

Duration of Residence in Baltimore. Boy years. C16848

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1

AGE 81 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Nemetz

BIRTHPLACE OF FATHER (State or country) Germy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Lederer

(Address) 638 N Broadway

Filed 11/4 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Nov 3 1908 that I last saw her alive on Nov 2 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (DURATION) 5 DAYS

Contributory (Primary.)

Cerebral Hemorrhage (DURATION) 6 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 N. North Ave.

Date Nov 4th 1908

Place of Burial Lunden Park

Date Nov 5th 1908

Undertaker H. C. Hughes

Address 179 Broadway

WM. J. C. DULANY CO., BALTIMORE.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK

(Place of Death.) No. 213 N. Mount St. (Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. F. Pyfer

Residence, Give Street and Number, 213 N. Mount St

Duration of Residence in Baltimore, Life time C16849

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: April 3 1843

AGE: 65 years, 7 months, 0 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Adam Pyfer

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Rosine Wiedl

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Paca St

Filed 11/4 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 29 1908 to Nov 2 1908

that I last saw him alive on Nov 2 1908

and that death occurred, on the date stated above, at 10.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Uraemia

Contributory (Primary) (DURATION) DAYS Carbuncle (on Back)

(DURATION) DAYS

(Signed) W. G. Smith M. D.

Address 1628 W Lexington St.

Date Nov 3rd 1908

Place of Burial Loudon Park Cem

Date Nov 5 1908

Undertaker Jos. Joerdens, Son

Address 217 S. Paca St

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to give notice, within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, the ***cause and date of death.***

SECTION 9. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF D

(Place of Death.) No. 2430 Canton ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Kreppel

{ Residence, if in Baltimore, Give Street and Number. } 2430 Canton Ave

Duration of Residence in Baltimore. Life C16850

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 4th 1877

AGE 30 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) dont know

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) dont know

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kreppel

(Address) 2430 Cantonave

Filed 11/4 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 28 1908 to Nov. 2nd 1908 that I last saw h-er alive on Oct 31 1908, and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia
5 wks (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C. Greer M.D.

Address 619 Pattenson Park Ave

Date Nov. 3 1908

Place of Burial Schwartz's cemetery

Date Nov. 4th 1908

Undertaker E. J. Fanning

Address N. E. cor. Washington Ave & Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DE

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Mason

Residence, Give Street and Number, 1231 Division St

Duration of Residence in Baltimore, — C16851

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M
COLOR	B.
DATE OF BIRTH	— 1
AGE	45 years, — months, — days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	M.
BIRTHPLACE (State or county)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) ASYLUM

Filed 11/4 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 3 1908

I HEREBY CERTIFY, That I attended deceased from Sept 28 1908 to Nov 3 1908

that I last saw h alive on Nov 3 1908

and that death occurred, on the date stated above, at 12 10 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Sepsis
Exhaustion

(DURATION) — DAYS

Contributory (Primary) Syphilis

(DURATION) — DAYS

(Signed) W T Eaken M. D.

Address Bay View Hospital

Date Nov. 3 1908

Place of Burial Laurel

Date Nov 4th 1908

Undertaker W J Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LIN

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C16852 Registered No. B C16852

CERTIFICATE OF DEATH.

(Place of Death.) No. 738 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Ranson

{Residence, if in Baltimore, Give Street and Number.} 738 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR C

DATE OF BIRTH —— 1

AGE 9 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) md

FULL NAME OF FATHER James Ranson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Ranson

(Address) 738 Vine St

Filed 11/4 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 1908 to Nov 2 1908

that I last saw h— alive on Nov 2 1908

and that death occurred, on the date stated above, at 7.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease Contributed to Heart Failure

(DURATION) 12 DAYS

Contributory (Primary) Heart

(DURATION) 11 DAYS

(Signed) Edgar Kennard M.D.

Address 708 Broadway

Date Nov 2 - 1908

Place of Burial Mt Olivet

Date Nov the 5th 1908

Undertaker Alfred J. Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C16853

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16853

City of Baltimore, (No. 1130 Goodmanso ae St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mamie Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: X

BIRTHPLACE OF FATHER (State or country): X

MAIDEN NAME OF MOTHER: X

BIRTHPLACE OF MOTHER (State or country): X

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Mahon

(Address) 1130 Goodmanso ae

Filed 11/4 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Nov 2 1908

that I last saw h[illegible] alive on Nov 2 1908,

and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

1 mo (DURATION) ~~DAYS~~

Contributory ..... 1 mo (DURATION) ..... DAYS

(Signed) W. G. Smith M. D.

Nov 4 1908 (Address) 820 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: 11-4 1908

UNDERTAKER: Hugo Bodamer

ADDRESS: 1006 Ramsay

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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C16854

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16854

City of Baltimore, (No. 1644, N. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Julia Berger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 18 1908 (Month) (Day) (Year)

AGE: — years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Berger

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Mary Buckhalt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ethel Berger

(Address) 1644 N. Caroline St

Filed 11/4 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November - 3rd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 31 1908 to Nov 3 1908

that I last saw her alive on Nov 3 1908

and that death occurred, on the date stated above, at 3 30 P. M. The CAUSE OF DEATH was as follows:

Diarrhea and Enteritis

(DURATION) 5 DAYS

Contributory Malnutrition

(DURATION) 30 DAYS

(Signed) William J. Thuman M. D.

Nov 4 1908 (Address) 1701 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peters Cem.	Nov 6 190
UNDERTAKER	ADDRESS
Robt J. Tyler	3 E. Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C16855 Registered No. B C16855

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1011 N. Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis H. Kohlman

{Residence, if in Baltimore, Give Street and Number.} 1011 N. Arlington Ave

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 23rd 1828

AGE 79 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Carl Kohlman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Luther

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Kohlman

(Address) 1011 N. Arlington Av

Filed 11/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Nov 2 1908

that I last saw h in alive on Nov 2 1908,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. F. Boyer M.D.

Address 1235 W. Lafayette Ave

Date Nov 4th 1908

Place of Burial London Park

Date Nov 5 1908

Undertaker Geo. M. Little

Address 531 N. Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C16856

Ward 17 C16856 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 513 Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Washington

{Residence, if in Baltimore, Give Street and Number.} 513 Pine St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colard

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER: John Washington

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Louisa Washington

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Washington

(Address) 513 Pine

Filed 11/4 1908 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 24 1908 to Nov. 3 1908

that I last saw h[illegible] alive on Nov. 2 1908,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) W-S Carr Jr. M.D.

Address 515 Mosher St

Date Nov. 3rd 1908

Place of Burial Mount Zion

Date Nov 6 1908

Undertaker John H. Clemens & Son

Address 1222 Druid [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C16857 Registered No. B C16857

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1420 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Iona Freeman

{Residence, if in Baltimore, Give Street and Number.} 1420 E Lexington St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Unknown 1

AGE ..... years, 7 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Harry Freeman

BIRTHPLACE OF FATHER (State or country) Balto. City

MAIDEN NAME OF MOTHER Alice Awkins

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice A Freeman

(Address) 1420 E Lexington St

Filed 11/4 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1908 to Nov 2 1908

that I last saw h.. alive on Oct 30 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Gastro-Enteritis

Unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E B Britton M.D.

Address 1711 E Balto St

Date Nov. 3rd 1908

Place of Burial Mt Zion Cem

Date November 4 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16858 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C C16858

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1819 Light St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E Turner

Residence, Give Street and Number, 1819 Light St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH January 31 1849

AGE 59 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Thomas Shanks

BIRTHPLACE OF FATHER (State or county) Scotland

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or county) Don't Know

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Jones (daughter)

(Address) 1819 Light St.

Filed 11/4 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 1 190 8

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h ... alive on ... 190

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ottomeinhardt M. D.

Address Coroner

Date November 2 190 8

Place of Burial St. Marys Halethorn

Date Nov. 6/1908 190

Undertaker Wm Cook

Address 502 E. Fayette Av

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C16859

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1733 Penna Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Gable

Residence, Give Street and Number, 1733 Penna Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John Gable

BIRTHPLACE OF FATHER (State or couuty): Germany

MAIDEN NAME OF MOTHER: Elizabeth Hensel

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Daley

(Address) 2806 Raynor Av.

Filed 11/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 2 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to Nov 2 1908

that I last saw h alive on Nov 2 1908

and that death occurred, on the date stated above, at 11 40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 21 DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) 218 DAYS

(Signed) J. M. Madden M. D.

Address 852 W. North Ave

Date Nov 3 1908

Place of Burial Woodlawn Cemetery

Date Nov. 5/08 1908

Undertaker Woolford

Address 5028 Harford Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

179

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16860

City of Baltimore, (No. 2203 Barclay St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Shipley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 10 (Month) 13 (Day) 1908 (Year)

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Clarence M. Shipley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary D. Simmons

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence M. Shipley

(Address) 2203 Barclay St

Filed 11/4 1908

MARY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. The CAUSE OF DEATH was as follows:

Did not breathe - Child died in Utero a few minutes after Labor. -

..... (DURATION) ..... DAYS

Contributory Pneumonia Malnutrition

..... (DURATION) ..... DAYS

(Signed) A C Pole M. D.

Nov 3 1908 (Address) 2038 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Nov 4 1908

UNDERTAKER: C. J. Windsfeld Jr

ADDRESS: 513 Eutaw Pl Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C16861 Registered No. B C16861

CERTIFICATE OF DEATH. 112

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Schneider

{ Residence, if in Baltimore, Give Street and Number. } 1712 East Fayette Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Schneider

(Address) 1712 E. Fayette St.

Filed 11/4 1908 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Nov 3" 1908 that I last saw him alive on Nov 3" 1908, and that death occurred, on the date stated above, at 12 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H Mc Ames M.D.

Address Johns Hopkins Hospital

Date Nov 3" 1908

Place of Burial London Park Cem.

Date Nov. 5th 1908

Undertaker Wendell Lippard & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C16862 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2109 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Priscilla S. Savin

Residence, Give Street and Number, 2109 Maryland Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH April 4 1818

AGE 90 years, 7 months, days

~~SINGLE~~, ~~MARRIED~~, WIDOWED OR ~~DIVORCED~~. Widow

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER William Woods

BIRTHPLACE OF FATHER (State or county) Ireland.

MAIDEN NAME OF MOTHER Elizabeth Gilbert

BIRTHPLACE OF MOTHER (State or county) England

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary A Halbach

(Address) 2109 Maryland Ave

Filed 11/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 3 1908

I HEREBY CERTIFY, That I attended deceased from July 5 1908 to Nov. 2 1908

that I last saw her alive on Nov 2 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate,)

Severe fall

(DURATION) DAYS

Contributory (Primary) old age

(DURATION) DAYS

(Signed) Thomas Shearer M. D.

Address 103 N. Franklin St.

Date November 4 1908

Place of Burial Druid Ridge Cem.

Date November 5th. 1908

Undertaker H. W. Genkins & Sons Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3rd C16863 Registered No. B C16863

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 418 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Gocor

{ Residence, if in Baltimore, Give Street and Number. } 418 S. Dallas St.

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 52 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Austria	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Filip Gocor.

(Address) 418 S. Dallas St

Filed Nov 5 1908 HARRY O. ANDREWS. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Nov. 3rd 1908 that I last saw h— alive on Nov. 1st 1908, and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Stomach

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) A. F. Rees M.D.

Address 213 S. Bond St

Date Nov. 4th 1908

Place of Burial St Stanislaus.

Date ~~Wednesday~~ Nov 5 1908

Undertaker M. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE BACK.

Ward 11

HEALTH DEPARTMENT, City of Baltimore.

C16864

Registered No. C 16864

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 925 Madison Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Price

Residence, Give Street and Number, 925 Madison Ave.

Duration of Residence in Baltimore, 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White Col.
DATE OF BIRTH	Sept. 16 1877
AGE	31 years, 1 months, 16 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Md
FULL NAME OF FATHER	John T Price
BIRTHPLACE OF FATHER (State or county)	Md
MAIDEN NAME OF MOTHER	Clara E. Love
BIRTHPLACE OF MOTHER (State or county)	Md
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Price

(Address) 925 Madison Ave

Filed 11/3 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 2 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jas Baedmin M. D.

Address 700 N. Laf. Ave (Coroner)

Date Nov. 4 1908.

Place of Burial Mt. Carmel Cem

Date Nov 5 1908

Undertaker Chas. E. Johnson

Address 746 N. Eutaw st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C C16865

CERTIFICATE OF DEATH. 167

(Place of Death.) No. 10 Hurent Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irvin Schneider

Residence, Give Street and Number, 2009 Clifton Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W

DATE OF BIRTH ..... 1.....

AGE 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Henry Schneider

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Antonia Rudson

BIRTHPLACE OF MOTHER (State or county) Denmark

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

Henry Schneider

Remarks. 2007 Clifton Place

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 3 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1908 to Nov 1908

that I last saw h..... alive on 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Shock

Burns Accidental (DURATION) DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M. D.

Address Corner

Date Nov 4 1908

Place of Burial Trinity Corner

Date Nov. 5 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V — C16866 — Registered No. C

CERTIFICATE OF DEATH.

C16866/19

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Freymouth

Residence, Give Street and Number, 1749 E Pratt St

Duration of Residence in Baltimore, 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: Sept. 11 1881

AGE: 27 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Henry Freymouth

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Mary Peters

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Freymouth

(Address) 1749 E. Pratt St.

Filed 11/5 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 3 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2, 1908 to Nov 3 1908

that I last saw her alive on Nov 3 1908

and that death occurred, on the date stated above, at 7 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Uraemic coma

(DURATION) 2 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) 4 DAYS

(Signed) S. H. Streett M. D.

Address Md. Genl Hospital

Date Nov 4 1908

Place of Burial St Pauls Cemetery

Date Nov. 6th 1908

Undertaker H. Sander & Sons

Address 1710 Lanvale Ave

Remarks

Ward 4 C16867 Registered No. B C16867

CERTIFICATE OF DEATH. 91

(Place of Death.) No. 1422 E. Lanvale St. (Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Schumann

{Residence, if in Baltimore, Give Street and Number.} 1422 E. Lanvale St

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 31st 1829

AGE: 79 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Heinrich Köke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lenora Engelbrecht

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Sander

(Address) 1422 E. Lanvale St.

Filed 11/5 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 26th 1908 to Nov 2nd 1908 that I last saw her alive on Nov 1st 1908 and that death occurred, on the date stated above, at 9:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

General Debility

some months (DURATION) DAYS

Contributory (Primary.) Bronchitis

Oct 26 to Nov 2 (DURATION) DAYS

(Signed) G. C. E. Vogler M.D.

Address 1232 E. Northern

Date November 3rd 1908

Place of Burial Baltimore Mem.

Date Nov. 5th 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B C16868

C16868

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1033 McCulloh. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs. Dallie E. Akers

{Residence, if in Baltimore, Give Street and Number.} 1033 McCulloh St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White -

DATE OF BIRTH: October 19th 1860

AGE: 48 years, ___ months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Lippy

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Akers

BIRTHPLACE OF MOTHER (State or country): England.

OCCUPATION OF DECEASED: House wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) E. L. Whitney M. D.

(Address) 1103 Linden Ave.

Filed 11/5 1908

Registrar

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Nov. 3 1908 that I last saw h sr alive on Nov. 3 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Cancer of Breast with metastases. (DURATION) 3 months.

(Signed) E. L. Whitney, M.D.

Address 1103 Linden Ave

Date Nov. 3d 1908

Place of Burial Loudon Park

Date Nov 5th 1908

Undertaker Wm. M. Loudenslager

Address 1111 E. Lanvale St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C16869 — Registered No. C C16869 159

CERTIFICATE OF DEATH.

(Place of Death.) No. 2116 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Weber

Residence, Give Street and Number, 2116 E Madison

Duration of Residence in Baltimore, 20 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F C Weber

(Address) 2116 E Madison St

Filed 11/5 190 8 HARRY C. ANDREAS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 3 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pistol shot through brain
Suicide!
Melancholia brought on by suffering from Rheumatism (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M. D.
Coroner.

Address .....

Date November 3 1908

Place of Burial Oak Lawn

Date Nov 6 1908

Undertaker Robt J Turner

Address 1442 N Broadway

Remarks .....

Ward 24 C16870 Registered No. B C16870

CERTIFICATE OF DEATH.

(Place of Death.) No. 129 Warren Ave St. 125

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Lena Ritter

{Residence, if in Baltimore, Give Street and Number.} 129 Warren Ave

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 9 1841

AGE: 67 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Neutert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Cutra

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Niemeyer.

(Address) 129 Warren Ave

Filed 11/5 1908 HARRY O. ... FILING CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Nov 4 1908 that I last saw h[er] alive on Nov 3 1908, and that death occurred, on the date stated above, at 730 a M. CAUSE OF DEATH (Secondary or Immediate)

Ch. Int. Nephritis
Has Paralysis of Levator Palati muscle.

(DURATION) DAYS

Contributory (Primary.) Ex Measles

(DURATION) DAYS

(Signed) M E Burch M.D.

Address 2284 Carrollton Ave

Date Nov 5 1908.

Place of Burial Mt Carmel Cemetery

Date November 6 1908

Undertaker Wm A Rohde Son

Address 731 Lemmon

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C16871 Registered No. B C16871

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2628 Boston St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Robinson

{ Residence, if in Baltimore, Give Street and Number. } 2628 Boston St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: Dec 25th 1863	
AGE: 44 years, 11 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Louisiana	
FULL NAME OF FATHER: Paul Robinson	
BIRTHPLACE OF FATHER (State or country): Louisiana	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: Stevedore	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Robinson

(Address) 2628 Boston St

Filed 11/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 19 1908 to Nov 1 1908 that I last saw h.. alive on Nov 1 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation + failure

(DURATION) 14 DAYS

Contributory (Primary.) Tubercular Cause of heart (DURATION) Indeterminate DAYS

(Signed) Leo Kaelsing M.D.

Address 1114 E Chesapeake

Date 190

Place of Burial Laurel Cemetery

Date Nov 5th 1908

Undertaker Thos G Butler

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 C16872 Registered No. B C16872

CERTIFICATE OF DEATH.

(Place of Death.) No. 54 S. Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaretta A. Ramsey.

{ Residence, if in Baltimore, Give Street and Number. } 54 S. Carrollton ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William Keith

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Sarah Monell

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 11/6 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4. 1908

I HEREBY CERTIFY, That I attended deceased from

1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W Lafayette

Date Nov. 4 Coroner 1908.

Place of Burial Loudon Park

Date Nov 6th 1908

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from disease, or in case of his absence from the city, or his inability from any cause to perform the duty, then it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16873

Ward 9

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1324 Ensor St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret L. Taylor.

Residence, Give Street and Number, 1324 Ensor St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: June 19 1874

AGE: 34 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER John R McCleary

BIRTHPLACE OF FATHER (State or county) Pa.

MAIDEN NAME OF MOTHER Selena Nunemaker

BIRTHPLACE OF MOTHER (State or county) Pa.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas W Taylor

(Address) 1324 Ensor St

Filed 11/5 1908

HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 3 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Nov 3 1908

that I last saw h alive on Nov 2 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 6 mos. DAYS

(Signed) M. L. Gould. M. D.

Address 1202 E. Monument St.

Date Nov. 4 1908

Place of Burial Mt Olivet Cemetery

Date Nov 6 1908

Undertaker E. J. Lamm

Address 1938 E Fayette St

Remarks

Ward ..... C16874 Registered No. B C16874

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 2636 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Karczeski

{ Residence, if in Baltimore, Give Street and Number. } 2636 Hudson St-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, months 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Leon Karczeski

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Mary Lubinski

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leon Karczeski

(Address) 2636 Hudson St

Filed 11/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 - 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 ½ Greene St-

Date NOV 5 - 1908 190

Place of Burial Holy Rood

Date Thursday Nov 5 190 8

Undertaker M F Sadowski

Address 703 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 C16875 Registered No. B C16875

CERTIFICATE OF DEATH. 106

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Upperman

{Residence, if in Baltimore, Give Street and Number.} 1013 S Sharp St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 4 1906

AGE 2 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm Upperman

BIRTHPLACE OF FATHER (State or country) Wash DC

MAIDEN NAME OF MOTHER Mary Clews

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Upperman

(Address) 1013 S. Sharp St

Filed 11/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 4 1908

I HEREBY CERTIFY, That I attended deceased from November 3 1908 to November 4 1908 that I last saw him alive on November 3 1908, and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.)

Gastro intestinal intoxication (DURATION) DAYS

(Signed) Louis H. Seth M.D.

Address University Hospital

Date November 4 1908

Place of Burial Loudon Park ✓

Date Nov 6/08 190

Undertaker Wm Cook

Address 603 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 12 C16876 Registered No. B C16876

CERTIFICATE OF DEATH.

(Place of Death.) No. 35 E Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Penach

{ Residence, if in Baltimore, Give Street and Number. } 35 E Barney

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 25 1882

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Kasper Ritz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Cinna Becker

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Ritz

(Address) 1822 Light

Filed 11/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Nov 3 1908

that I last saw h[illegible] alive on Nov 3 1908,

and that death occurred, on the date stated above, at 4 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 34 DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J H Cushman M.D.

Address 1303 Light

Date Nov 3 1908

Place of Burial Cedar Hill

Date Nov 6 1908

Undertaker Wm Cook

Address 502 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE REVERSE SIDE.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16877

Ward 11

CERTIFICATE OF DEATH.

19

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 155 Johns alley St.

Full Name Elias Butler

Residence, Give Street and Number, 155 Johns alley

Duration of Residence in Baltimore, 3 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Butler

(Address) 155 Johns alley

Filed 11/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH ~~Nov~~ Nov. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h alive on ... 190

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart disease

sudden & accidently (DURATION) ... DAYS

Contributory (Primary) ... (DURATION) ... DAYS

(Signed) Silas Baldwin M. D.

Address 700 Laf. av. (Corner)

Date Nov. 4th 1908

Place of Burial Mt Auburn

Date November 5 1908

Undertaker R A Elliott

Address 506 Rogers Av

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward X C16878 Registered No. B C16878

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Off Buckey Hubbard in Conlin & Collins St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Alma J Slackum

{Residence, if in Baltimore, Give Street and Number.} Dorchester bet Md

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/5 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h..... alive on 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sudlin Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 5 - 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

READ THE LAW PRINTED ON THE MARGIN. C16879 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. C 16879

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 Lemon St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos H Cole

Residence, Give Street and Number 819 Lemon St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR C

DATE OF BIRTH 1

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Charles Cole

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Sophie Tubman

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Haddell

(Address) 1132 McElderry St

Filed 11/5 190 8

HARRY C. ANDREWS,
PERRY GLENN
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 3 190 8

I HEREBY CERTIFY, That I attended deceased from a 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bright's

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D Martin M. D.

Address Dorner

Date Nov 6 190 8

Place of Burial Ashbury

Date Nov 6th 190 8

Undertaker W H Edwards

Address 508 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16880

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

129

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16880

City of Baltimore, (No. 524, Orchard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ann Hawkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ——— (Month) (Day) 1 (Year)

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Alfred Bias

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Sarah Chubb

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Hawkins

(Address) 524 Orchard St

Filed 11/5 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 3rd 1908. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 7th 1907 to Oct 26 1908.

that I last saw h[illegible] alive on Oct. 26 1908,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Uterine fibroid of at least a year's duration

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Elaine C Price M. D.

Nov 3 1908 (Address) 1012 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: Nov 6 1908

UNDERTAKER: R T Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C16681 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward

Registered No. C C16681

117

CERTIFICATE OF DEATH.

(Place of Death.) No. 2817 Fait Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Armstrong R. Hall

Residence, Give Street and Number, 2817 Fait Ave

Duration of Residence in Baltimore, 40 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, 10 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): England.

FULL NAME OF FATHER: Richard Hall

BIRTHPLACE OF FATHER (State or county): England

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): England.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Hall

(Address) 2811 Fait Ave.

Filed 11/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1908 to Nov 3rd 1908

that I last saw him alive on Nov 2 1908

and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate,)

General Oedema (DURATION) 7 DAYS

Contributory (Primary) Cirrhosis Liver (DURATION) 38 DAYS

(Signed) C. H. Kilcy M. D.

Address 3200 Hudson st

Date Nov. 4th 1908

Place of Burial Holy Cross Cem.

Date Nov. 6th 1908

Undertaker Wendell Lippertson

Address 37 S. Ann st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16882

Ward 3

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 705 Albemarle St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel McNamara

Residence, Give Street and Number, 705 Albemarle

Duration of Residence in Baltimore, 43 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH —— 1

AGE 53 years, — months, — days

~~SINGLE,~~ MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel McNamara

(Address) 705 Albemarle St.

Filed 11/5 1908 MARY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 4th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 2- 1908 to Nov. 4 1908

that I last saw him alive on Nov. 4 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

asphyxia from bronchitis

(DURATION) 1 DAYS

Contributory (Primary) Apoplexy

(DURATION) 2 DAYS

(Signed) Pierre G. Lause M. D.

Address 121 Jackson Square

Date Nov. 4 1908

Place of Burial Holy Cross

Date Nov 7th 1908

Undertaker Randall Gibson

Address 320 S. Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

12

C16883

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

40

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16883

City of Baltimore, (No. 1805 Guilford ave; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida E. Michael

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov (Month) 3rd (Day) 1864 (Year)

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co Md

FULL NAME OF FATHER Thos Johnson

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Elizabeth Barrow

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Upton S Michael

(Address) 1805 Guilford ave

Filed 11/5 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1908 to Nov 3 1908 that I last saw h-r alive on Nov 3 1908, and that death occurred, on the date stated above, at 10.63 P. M. The CAUSE OF DEATH was as follows:

Asthenia due to inanition and Intoxication

Duration 2 Months

Contributory Carcinoma of Stomach

Duration 8 Months

(Signed) E. Holland M. D.

Nov 4 1908 (Address) 1624 Linden ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount	Nov 6th 1908
UNDERTAKER	ADDRESS
G. F. Nacken	723 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 16884

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. 170

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Shepherd.

Residence, Give Street and Number, 1002 N. Charles St.

Duration of Residence in Baltimore, 40 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Black

DATE OF BIRTH 1

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Unknown

FULL NAME OF FATHER " "

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sallys Jenkins

(Address) 1002 N. Charles St.

Filed Nov 5 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 4 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1908 to Nov. 4 1908

that I last saw h Cm alive on Nov. 4 1908

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs

(DURATION) ..... DAYS

Contributory (Primary) Nephritis —

Hemiplegia (DURATION) ..... DAYS

(Signed) Wm Schmitz M. D.

Address City Hospital

Date Nov. 4 1908.

Place of Burial Cathedral Cemetery

Date November 6th 1908

Undertaker Edw. W. Cafe

Address 102 E. Fulton St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C16885 Registered No. B C16885

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Davis Goldfadein

{ Residence, if in Baltimore, Give Street and Number. } 414 S. Bond st

Duration of Residence in Baltimore. 18 year.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1860

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Isaac Goldfadein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Libii Jacobs

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harris Goldfadein

(Address) 414 S. Bond.

Filed 11/6 1908 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 3rd 190 to Nov. 5th 190 8

that I last saw him alive on - - 190 8,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 2 DAYS

Con'tributory (Primary.) apoplexy

Sudden (DURATION) DAYS

(Signed) Jacob L. Donner M.D.

Address 30 S. B'dway.

Date 190

Place of Burial Hebrew Herring Run

Date Nov. 6 190

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C16886 Registered No. B C16886

CERTIFICATE OF DEATH.

97

(Place of Death.) No. St. Elizabeths Home — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Catherine Jones.

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Aug. 28, 1908.

AGE ..... years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred St Elizabeths Home

(Address)

Filed 11/6 1908

HARRY C. ARRANTS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1908 to Nov. 4 1908 that I last saw h[er] alive on Nov. 4 1908, and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Inanition

(DURATION) Life

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St

Date Nov. 5, 1908

Place of Burial Cathedral Cemetery

Date Nov 6 1908

Undertaker Felix B Ryan

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C16887 Registered No. B C16887

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 2132 Druid Hill Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nellie Pennington.

{Residence, if in Baltimore, Give Street and Number.} 2132 Druid Hill ave.

Duration of Residence in Baltimore. Twenty years (more or less)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH 1860

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland. Talbot Co

FULL NAME OF FATHER [redacted] Pennington

BIRTHPLACE OF FATHER (State or country) Talbot Co Md

MAIDEN NAME OF MOTHER Katherine Harrick

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Upshur

(Address) 2132 Druid Hill ave.

Filed 11/6 1908

HARRY C. ARCHER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 — 1908

I HEREBY CERTIFY, That I attended deceased from April 1908 to Nov 5 1908

that I last saw h[illegible] alive on Nov 4 1908,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Ac Pulmonary Tuberculosis.

(DURATION) 208 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Short M.D.

Address 659 S Robert St

Date Nov. 5 1908

Place of Burial Mt Auburn Cemetery

Date Oct 7 1908

Undertaker Felix B Pyz

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B C16888

C16888

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thomas C. Ruckle

{Residence, if in Baltimore, Give Street and Number.} 1017 W. Hopkins Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: unknown 1

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Holliday

(Address) Church Home & Infm.

Filed 11/6 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5, 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Nov 5 1908 that I last saw h~~im~~ alive on Nov 5 1908 and that death occurred, on the date stated above, at 2.00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute cardiac dilitation

(DURATION) — DAYS

Con tributory (Primary.) Endocarditis

unknown (DURATION) DAYS

(Signed) W. M. Holliday M.D.

Address Church Home & Infirmary

Date Nov. 5, 1908.

Place of Burial Mt Olivet Cemetery

Date Nov. 7th 1908

Undertaker Geo. J. Smith Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Schwalke

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C16889 Registered No. C C16889

CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 S. Paca St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eastman Glaser

Residence, Give Street and Number, 1106 S. Paca

Duration of Residence in Baltimore, 44 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Dec 5th 1841

AGE 66 years 11 months — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred K Glaser

(Address) 1106 S. Paca St

Filed 11/6 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 5th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 5 1908

that I last saw him alive on Nov 4 1908

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

Contributory (Primary) Cachexia (DURATION) DAYS

(DURATION) DAYS

(Signed) J. B. Schwalke M. D.

Address 100 N. Broadway

Date Nov 6th 1908

Place of Burial London Park

Date Nov 8th 1908

Undertaker Geo Weber

Address 1153 S. Carey St

Remarks

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C16890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16890

City of Baltimore, (No. 607 N. Conway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Judd

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Born Jan 25 1857 (Month) (Day) (Year)

AGE 51 years, 10 months, 2 days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Chas. C. Judd.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Susan C. Miller

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas C. Judd

(Address) 607 W Conway St.

Filed 11/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 15th 1908 to November 4th 1908 that I last saw her alive on November 4th 1908, and that death occurred, on the date stated above, at 1.15 P. M. The CAUSE OF DEATH was as follows:

1. Chronic Interstitial Nephritis

Several Years (DURATION) ~~DAYS~~

Contributory Asthenia

5 (DURATION) DAYS

(Signed) A. J. Carrick M. D.

Nov. 6th 1908 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Md. Odd Fellows	Nov 7th 1908
UNDERTAKER	ADDRESS
Wm. J. Packard's Sons	Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 X

C16891 Registered No. B C16891

CERTIFICATE OF DEATH. 118

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Bankard

{Residence, if in Baltimore, Give Street and Number.} New Windsor. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 11- 3- 1908

AGE: 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) University Hospital

(Address) Lombard & Greene

Filed 11/6 1908 HARRY C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11- 5- 1908

I HEREBY CERTIFY, That I attended deceased from 11- 4 1908 to 11- 5 1908

that I last saw her alive on 11- 5- 1908.

and that death occurred, on the date stated above, at 10:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) 3 DAYS

Contributory (Primary.) Acute

appendicitis (DURATION) 2 DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date 11- 6- 1908

Place of Burial New Windsor, Md.

Date Nov 6 1908

Undertaker W. J. Tickner & Son.

Address 425 N. Camden St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C16892 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 Gilmor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Charles Pullen

{Residence, if in Baltimore, Give Street and Number.} 106 Gilmor

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 10th 1858
AGE	50 years, 4 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	New Jersey
FULL NAME OF FATHER	Priscilla Pullen
BIRTHPLACE OF FATHER (State or country)	New Jersey
MAIDEN NAME OF MOTHER	Mary Stout
BIRTHPLACE OF MOTHER (State or country)	New Jersey
OCCUPATION OF DECEASED	Railroad Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Pullen

(Address) 106 Gilmor St.

Filed 11/6 1908 GARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 1908

I HEREBY CERTIFY, That I attended deceased from Oct 13 1908 to Nov 3 1908 that I last saw h/m alive on Nov 2 1908 and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Grosbans M.D.

Address 1303 Eutaw pl

Date Nov 5 1908

Place of Burial Mount Carmel Cem.

Date Nov. 6th 1908

Undertaker H. Sauter & Sons

Address 1710 Caroline Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C16893 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14th

Registered No. C C16893

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Dunnagan

Residence, Give Street and Number, Sutherville, Maryland

Duration of Residence in Baltimore, 11 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: January 29 1847

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or county): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Harry J. Gisriel.

(Address) 3506 Cedar Ave

Filed 11/6 190 8 MARY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 3 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 4 1908 to Nov. 3 1908

that I last saw h[im] alive on Nov. 3 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Myocarditis

Nephritis (DURATION) DAYS

(Signed) Con. Johnston M. D.

Address City Hospital

Date Nov. 3 1908

Place of Burial St Marys Hospital

Date Nov 6 1908

Undertaker Wm E. C. Kenworthy Son

Address 919 3rd Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

145

CERTIFICATE OF DEATH.

Registered No. B C16894

City of Baltimore, (No. 933 Milton Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adelia Smith Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June (Month) 20 (Day) 1894 (Year)

AGE 14 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, ~~OR~~ DIVORCED

BIRTHPLACE (State or country) Accomac Co Va

FULL NAME OF FATHER James Martin

BIRTHPLACE OF FATHER (State or country) Accomac Co Va

MAIDEN NAME OF MOTHER Elizabeth Turbyfield

BIRTHPLACE OF MOTHER (State or country) Accomac Co Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F Martin

(Address) 933 Milton Place

Filed 11/6 1908 HARRY C. ANDREWS, PERRY CDERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 6th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1st 1908 to Nov 6th 1908 that I last saw him alive on Nov 5th 1908, and that death occurred, on the date stated above, at 7.20 a m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 9 Days

Contributory

(DURATION) DAYS

(Signed) Jos B Montgomery M. D.

1908 (Address) 125 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Harlowtown Va | DATE OF BURIAL Nov 8 1908

UNDERTAKER Jos B Cook | ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

C16895 Registered No. B C16895

CERTIFICATE OF DEATH.

(Place of Death.) No. 1201 Sargent St. 27

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Louis Scott.

{ Residence, if in Baltimore, Give Street and Number. } 1201 Sargent St.

Duration of Residence in Baltimore. Born here. about 12 yrs residence

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Sept 18th 1887

AGE 21 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto. City.

FULL NAME OF FATHER Ed. E. Scott.

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Mary Virginia Johnson.

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Electrician.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Scott.

(Address) 1201 Sargent St.

Filed 11/6 1908

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1907 to Nov 4 1908 that I last saw him alive on Aug 25 1908, and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) H. H. McCarty M.D. M.D.

Address 613 Park Ave.

Date Nov. 4th 1908.

Place of Burial Western Cem

Date November 7 1908

Undertaker Joseph B. Cook

Address 1003 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C16896 Registered No. B C16896

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1106 N Parish Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith R. Brown

{Residence, if in Baltimore, Give Street and Number.} 1013 N Parish alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dec 21 1905

AGE 2 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charly Taylor

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mogie Brown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Regan Brown

(Address) 1013 Parish st

Filed 11/6 1908

HARRY C. ANDREWS, Registrar

(PERMIT CLERK.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 3 1908

I HEREBY CERTIFY, That I attended deceased from Nov - 2 1908 to Nov 3 1908

that I last saw h alive on Nov - 2 1908

and that death occurred, on the date stated above, at 2:20 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart Failure

(DURATION) 1 DAY

Contributory (Primary,) Bronco Pneumonia (DURATION) 7 DAY

(Signed) M. W. Stark M.D

Address 806 N Fulton Ave

Date Nov - 4 - 1908

Place of Burial Laurel

Date Nov 6 1908

Undertaker R L Parham

Address 1213 n. Parish st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C16897

C16897

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 3506 Park Heights Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kelly

Residence, Give Street and Number, 3506 Park Heights Ave

Duration of Residence in Baltimore, 35 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: June 3 1833

AGE: 51 years, 5 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Pa

FULL NAME OF FATHER: John Kelly

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Joerdens

(Address) 207 S. Pearl

Filed 11/6 1908

PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 5th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Nov 5 1908

that I last saw h— alive on Nov 4 1908

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) Dan'l Wells M. D.

Address 2012 Hemlock Ave

Date Nov 5th 1908

Place of Burial New Cathedral Cem

Date Nov 7 1908

Undertaker Jos. Joerdens, Son

Address 207 S. Pearl

Remarks

READ THE LAW PRINTED ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 16898 ~~C16898~~

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Wilson

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
F.	W.

DATE OF BIRTH — 1

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/6 190 8 MARY C. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 5 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17 190 8 to Nov 5 190 8

that I last saw h alive on Nov 5 190 8

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) 7 DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Nov 5 1908

Place of Burial Baltimore Cemetery

Date November 8 1908

Undertaker Gordon & Sons

Address 27 E. Baca St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

C16899

Registered No. C 16899

Ward ~~C16899~~

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Cooper

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M.
COLOR	Wr.
DATE OF BIRTH	—
AGE	24 years, — months, — days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Italy
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 11/6 1908 HARRY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 4 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Nov 4 1908

that I last saw h alive on Nov 4 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) DAYS

(Signed) W. Fisher M. D.

Address Bay View Hospital

Date Nov 5 1908

Place of Burial Forest Park

Date Nov 6 1908

Undertaker Chas F. Forrest

Address 118 N. Mt. Royal

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward. 1 Registered No. C C16900

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 918 S. Binney St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Madeline Hasenei

Residence, Give Street and Number, 918 S Binney St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Dec 26th 1905

AGE 2 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Frank Hesenei

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Annie Klima

BIRTHPLACE OF MOTHER (State or county) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hesenei

(Address) 918 Binney St.

Filed 11/6 1908 HARRY C. ADAMS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 4th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1908 to Nov 4th 1908

that I last saw her alive on Nov 2 1908

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate,)

(DURATION) DAYS

Contributory (Primary) Endocarditis (DURATION) DAYS

(Signed) C. V. Kelley M. D.

Address 3200 Hudson st

Date Nov. 4th 1908

Place of Burial Sacred Heart Cemetery

Date NOV 6 - 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16901 Registered No. B C16901

CERTIFICATE OF DEATH. 4

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Chipchase

{Residence, if in Baltimore, Give Street and Number.} 2409 Maryland ave

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: March 1st 1824

AGE: 84 years, 8 months, 4 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: widow

BIRTHPLACE (State or country): Wicomico Co Md

FULL NAME OF FATHER: Levin Walter

BIRTHPLACE OF FATHER (State or country): Wicomico Co Md

MAIDEN NAME OF MOTHER: Rosa Wilson

BIRTHPLACE OF MOTHER (State or country): Wicomico Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Edwin Chipchase

(Address) 1917 N. Calvert St city

Filed 11/6 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 5 1908

I HEREBY CERTIFY, That I attended deceased from July 4 1908 to Nov 5 1908 that I last saw her alive on Nov 5 1908 and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac dilatation

(DURATION) DAYS

Contributory (Primary.) Valvular Endocarditis.

Malig. tumor of intestines (DURATION) DAYS

(Signed) J. Herbert Bates M.D.

Address Church Home & Infirmary,

Date November 5, 1908

Place of Burial St Johns church yard Waverly Baltimore city

Date Nov 7th 1908 190

Undertaker H. O. Jenkins & Sons Co

Address Madison & Howard sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C16902 Registered No. B C16902

CERTIFICATE OF DEATH. 91

(Place of Death.) No. 22 Marriott St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Grimm

{ Residence, if in Baltimore, Give Street and Number. } 20 Marriott St

Duration of Residence in Baltimore. 64 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 11 1834

AGE: 74 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Weber.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Grimm

(Address) 22 Marriott St

Filed 11/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5 1908

I HEREBY CERTIFY, That I attended deceased from October 15 1908 to Nov. 5 1908 that I last saw her alive on Nov 5 1908, and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 21 DAYS

Contributory (Primary.) Old age.

(DURATION) DAYS

(Signed) Asa L Wessels M.D.

Address 610 Frederick Ave

Date November 6 1908

Place of Burial Loudon Park.

Date Nov: 8th 1908

Undertaker B. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

14
C16903

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C16903

93

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1003, W. North Ave St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Calvin Lindsay

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: June (Month) 4 (Day) 1907 (Year)	
AGE: 1 years, 5 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto, Md.	
FULL NAME OF FATHER: Harry M. Lindsay	
BIRTHPLACE OF FATHER (State or country): Balto, Md.	
MAIDEN NAME OF MOTHER: Helen E. Barrick	
BIRTHPLACE OF MOTHER (State or country): Balto, Md.	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed 11/6 1908 HARRY C. ADDARIO, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 5th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1908 to Nov 5th 1908 that I last saw h[im] alive on Nov 5 1908, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia, complicated by Congestion of the brain

(DURATION) 3 DAYS

Contributory.....

(DURATION).....DAYS

(Signed) Chas. C. Sadler M. D.

Nov 5 1908 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence..... How long at Place of Death?.....Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Nov. 7th 1908
UNDERTAKER: Steward & Mowen Co	ADDRESS: 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A ...

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16904

Ward 14

CERTIFICATE OF DEATH.

46

(Place of Death.) No. 1600 Eutaw Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Virginia Boyd

Residence, Give Street and Number, 1600 Eutaw Place

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH May 4th 1850

AGE 58 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Frederick Md.

FULL NAME OF FATHER Andrew Boyd

BIRTHPLACE OF FATHER (State or county) Frederick Md

MAIDEN NAME OF MOTHER Caroline Mantz

BIRTHPLACE OF MOTHER (State or county) Frederick Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Boyd

(Address) 1600 Eutaw Place

Filed 11/6 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 5th 1908

I HEREBY CERTIFY, That I attended deceased from May 28 1908 to Nov. 5 1908

that I last saw her alive on Nov 5 1908

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate,)

Abdominal Tumor

5 Months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. R. Hunter M. D.

Address Lanvale md

Date Nov 5 1908

Place of Burial Frederick Md

Date November 7 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C16905 Registered No. B C16905

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 726 St Peter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ludwig Linta

{Residence, if in Baltimore, Give Street and Number.} 726 St Peter St

Duration of Residence in Baltimore. 28 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 2d 1849

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ludwig Linta

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Linta

(Address) 726 St Peter St

Filed 11/6 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21st 1908 to Nov 4 1908 that I last saw h— alive on Nov 3 1908, and that death occurred, on the date stated above, at 3.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Asphyxia (DURATION) 1 DAYS

(Signed) Edw Schramm M.D.

Address 617 Lewis

Date Nov 5 1908

Place of Burial Holy Redeemer Cem

Date Nov 7 1908

Undertaker Geo Lewis Sachse

Address 641 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C C16906

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1186 Hanlicoke St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Miller

Residence, Give Street and Number, 1186 Hanlicoke St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert L. Miller

(Address) 1186 Hanlicoke St

Filed 11 6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Nov 5 1908

that I last saw him alive on Nov 4 1908

and that death occurred, on the date stated above, at 12 48 M.

CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hammorrhage

3 wks (DURATION) 3 DAYS

Contributory (Primary) Paralysis

(DURATION) 2 DAYS

(Signed) J. E. Price M. D.

Address 533 Columbia Ave

Date Nov 5 1908

Place of Burial National Cemetery

Date Nov 7/1908 1908

Undertaker Wm Cook

Address 102 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 22 C16907 Registered No. B C16907

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 36 E Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia A Grebe

{Residence, if in Baltimore, Give Street and Number.} 36 E Hamburg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 17 1870

AGE 38 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Dolan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Collins

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dolan father

(Address) 36 E Hamburg St

Filed 11/6 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 10.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date Nov 5 1908

Place of Burial St Peters

Date Nov 7 1908

Undertaker Wm Cook

Address 502 E Fairmount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

Ward 15 C16908 Registered No. B C16908

50

CERTIFICATE OF DEATH.

Place of Death.) No. 2731 N. North Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alla M. Hirth

{ Residence, if in Baltimore, Give Street and Number. } 2731 W. North Av.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 14th 1896

AGE 12 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John C. Hirth

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Maggie Kochler

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Hirth

(Address) 2731 W. North Av.

Filed 11/6 1908 HARRY C. ARLAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1908 to Nov 5 1908 that I last saw her alive on Nov 4th 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma

(DURATION) Five DAYS

Contributory (Primary.) Diabetes Mellitus (DURATION) Not known probably several months DAYS

(Signed) E. C. Smith M.D.

Address 1605 W. North Av.

Date Nov. 5th 1908

Place of Burial Druid Ridge

Date Nov 6/08 190

Undertaker Trulock

Address 5026 Harford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 C16909 Registered No. B C16909

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 N. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Hartman

{Residence, if in Baltimore, Give Street and Number.} 119 N. Hamburg St

Duration of Residence in Baltimore. 56 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 11 1834

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Hartman

(Address) 119 N Hamburg St

Filed 11/6 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Nov 4 1908

that I last saw her alive on Nov 4 1908

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Rectum

1 month (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm Hammerbacher M.D.

Address 535 Ly Dr 10

Date Nov 6 1908

Place of Burial Holy Cross R C Co

Date Nov 7 1908

Undertaker C E Hale.

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C16910 — Registered No. B C16910

66

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie Berry —

{ Residence, if in Baltimore, Give Street and Number. } 6 Amity Street Rear.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Money

(Address) 1516 Riggs Ave

Filed 11/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Nov 5 1908 that I last saw h[illegible] alive on Nov 5 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Exhaustion-
months

(DURATION) — DAYS

Contributory (Primary) Rheumatism

(DURATION) 15 DAYS

(Signed) J W Bird M.D.

Address University Hospital

Date Nov 5 1908

Place of Burial Mt Auburn

Date Nov 7th 1908

Undertaker R F Ecclit

Address R F Ecclit 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 C16911 Registered No. B C16911

CERTIFICATE OF DEATH. 34

(Place of Death.) No. 17 W Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Lundy

{Residence, if in Baltimore, Give Street and Number.} 17 W Lafayette ave

Duration of Residence in Baltimore. 74 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wht

DATE OF BIRTH: July 2 1834

AGE: 74 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Owen Lucas

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Hughes

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jenny Lundy

(Address) 17 W Lafayette ave

Filed 11/6 1908 HARRY C. ADAMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6th 1908

I HEREBY CERTIFY, That I attended deceased from Only Saw her once alive 190 to 190

that I last saw h[er] alive on Nov 6 1908, and that death occurred, on the date stated above, at 11 30

I. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Gland

Indefinite a long time (DURATION) DAYS

Contributory (Primary.) Lagrippe

(DURATION) DAYS

(Signed) J Starkell M.D.

Address 1116 W Mo ave

Date Nov 6th 1908

Place of Burial Cathedral

Date Nov 7th 1908

Undertaker C F Robbins

Address 1711 Eutaw ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C16912 Registered No. B C16912

CERTIFICATE OF DEATH.

11th

(Place of Death.) No. 533 Kirby Lane St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Nora Stevens

{Residence, if in Baltimore, Give Street and Number.} 533 Kirby

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1875

AGE: 33 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Vermont

FULL NAME OF FATHER: Michael McDonough

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Mary Lorigen

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Nora Coyle

(Address) 533 Kirby Lane

Filed 11/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 7 1908 to Nov. 4 1908 that I last saw h-r alive on Nov 4 1908 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Hypertrophy

Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. E. Cannon M.D.

Address 1302 W. Lombard

Date Nov. 5 1908

Place of Burial Cathedral Cem.

Date November 7th 1908

Undertaker Wm. J. Crothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 16 C16913 Registered No. B C16913

CERTIFICATE OF DEATH. 11

Place of Death.) No. 119 Parkin st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lillian Banks

{ Residence, if in Baltimore, Give Street and Number. } 119 Parkin st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 12 1908

AGE: ..... years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Lenwood Banks

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Margaret Graney

BIRTHPLACE OF MOTHER (State or country): Balto, Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenwood Banks

(Address) 119 Parkinst-

Filed 11/6 1908 GRACE C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1908

I HEREBY CERTIFY, That I attended deceased from Nov 5 to Nov 5 1908

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1½ hours

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) R. Martin Conner M.D.

Address .....

Date Nov 5 1908

Place of Burial St. Peter's Cemetery

Date Nov. 7th 1908

Undertaker James Lignan & Son

Address 159 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, 1908

Ward 22 · C16914 Registered No. B C16914

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 612 Dover St. — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Infant of Roberts

Full Name Mary Roberts — (Roberts)

{Residence, if in Baltimore, Give Street and Number.} 612 Dover St.

Duration of Residence in Baltimore. 7 days —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Oct. 27th 1908

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Louis H Roberts

BIRTHPLACE OF FATHER (State or country): Va —

MAIDEN NAME OF MOTHER: Mary Roberts

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3d 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Nov 3 1908 —

that I last saw h— alive on Nov 3 1908,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Dr Ed Strauss M.D.

Address City Hosp.

Date Nov 4/08 1908

Place of Burial .....

Date ..... 190 ...

Undertaker .....

Address .....

COLLEGE OF P. & S. NOV 6 1908 FOR STATISTICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1

2 2

Ward 5 Registered No. B C16915

C16915

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 429 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Pearson

{ Residence, if in Baltimore, Give Street and Number. } Grave enna

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 5 1815

AGE ..... years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Walter Pearson

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Lizzie Wilson

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/6 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 5 1908 that I last saw him alive on Nov 5 1908, and that death occurred, on the date stated above, at 5.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

Lues Congenital (DURATION) 9 DAYS

(Signed) E. L. Peterson M.D.

Address 413 N Eden St

Date Nov 6 1908

Place of Burial COLLEGE OF P. & S.

Date 190

Undertaker .....

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

219

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward

Registered No. C C16916

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2319 Eastern Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Louise Geary

Residence, Give Street and Number, 2319 Eastern ave.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Aug. 15th 1892

AGE 16 years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Penn.

FULL NAME OF FATHER James L. Geary

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary E. Ryan

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L. Geary

(Address) 2319 Eastern Ave.

Filed 11/6 1908 HARRY C. ADKINS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1908 to Nov. 4 1908

that I last saw him alive on Nov. 3 1908

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Insufficiency (DURATION) Unknown DAYS

Contributory (Primary)

Heart Failure (DURATION) — DAYS

(Signed) M. J. McAvoy M. D.

Address 839 S. Caton Ave

Date Nov. 6 1908

Place of Burial Oak Lawn Cem.

Date Nov. 7th 1908

Undertaker John A Curran

Address Bank & Amity Sts.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C16917 Registered No. B C16917

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Gaitley

{Residence, if in Baltimore, Give Street and Number.} 720 Light st

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	— — 1850
AGE	58 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Michael Gaitley
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Corbitt
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Keating

(Address) 720 Light St

Filed 11/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4" 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1" 1908 to Nov. 4" 1908

that I last saw her alive on Nov. 4" 1908,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Lee Barker M.D.

Address 1228 St Paul

Date Nov. 5 1908

Place of Burial Cathedral Cemetery

Date Nov 7 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C16918

Registered No. B C16918

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 607 Burgunda al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mable Payne

{Residence, if in Baltimore, Give Street and Number.} 607 Burgunda al

Duration of Residence in Baltimore. 8 mon. & 24 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ~~11/~~ 2/12 1908

AGE 0 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ben Payne

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Florence Payne

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Payne

(Address) 607 Burgunda al

Filed 11/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/5 1908

I HEREBY CERTIFY, That I attended deceased from 10/15 1908 to 11/5 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 12-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition from ~~Dot~~ faulty feeding

(DURATION) DAYS

Con'tributory (Primary.) St Ravis tus

9 (DURATION) DAYS

(Signed) Robt O Bay M.D.

Address University Hospital

Date Nov. 6 1908

Place of Burial Mt. auburn Cem

Date Nov. 6 1908

Undertaker John S. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B C16919

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2646 N Calvert St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rev William M. Osborne

{Residence, if in Baltimore, Give Street and Number.} 2646 N. Calvert

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 9th 1823

AGE: 85 years, 6 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Merritt Osborn

BIRTHPLACE OF FATHER (State or country): Waterbury Conn.

MAIDEN NAME OF MOTHER: Esther ~~Burke~~ Jerrell

BIRTHPLACE OF MOTHER (State or country): Waterbury Conn.

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis M Osborne

(Address) 2646 N. Calvert St

Filed 11/6 1908 HARRY O. ROGERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1908 to Nov. 4th 1908

that I last saw h~~is~~ alive on Nov 4th 1908,

and that death occurred, on the date stated above, at 10-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Died Suddenly of Heart Trouble (Myocarditis)

(DURATION) DAYS

Contributory (Primary.) old age

(DURATION) DAYS

(Signed) H. L. Zapp M.D.

Address 3050 W North Ave

Date Nov 5th 1908

Place of Burial Mount Olivet

Date Sat Nov 7 1908

Undertaker E M Mitchell

Address 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16 8

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C16920

Registered No. B

City of Baltimore, (No. 1013 Hollins ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Edwards

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ——— (Month) (Day) 1 (Year)

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): N. J.

FULL NAME OF FATHER: Silas Reed

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emily Hofflebauer

(Address) 2117 Maryland ave

Filed 11/6 1908

WM. J. C. DULANY, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1908 to Nov. 4 1908 that I last saw her alive on Nov. 4 1908, and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

Adenoma of thyroid gland

Contributory Apoplexy (DURATION) 1 DAYS

(Signed) E. F. Mitchell M. D.

Nov. 6 1908 (Address) 1031 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov. 7 1908

UNDERTAKER: E. M. Mitchell ADDRESS: 1201 N. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B C16921

CERTIFICATE OF DEATH.

5

(Place of Death.) No. 514 St Paul St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Henrietta Harris

{ Residence, if in Baltimore, Give Street and Number. } 514 St Paul St Baltimore Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Stevens Jones.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed Nov 6 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 17th 1908 to Nov. 5th 1908 that I last saw h er alive on Nov 5th 1908, and that death occurred, on the date stated above, at 8.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease & Diabetes

Diabetic Coma

\+ (DURATION) 19 DAYS

Contributory (Primary.) Bronchitis

(Signed) Nathan R. Gorter Nathan R. Gorter M. D.

Address

Date Nov 6. 1908

Place of Burial New Cathedral

Date Nov 7th 1908

Undertaker Felix B. Pyeir

Address 102 E Mulberry St

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C ~~C16922~~ 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Cathedral St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie James

Residence, Give Street and Number, Eutaw & Robert Sts. Cor.

Duration of Residence in Baltimore, Septime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Wm James

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Lillie Eaves

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie James Notice

(Address) 2 Cathedral St.

Filed Nov 7 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 6 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ died

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12.20 A.M.

CAUSE OF DEATH (Secondary or Immediate,)

Tumor.

(Secondary) (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) W. F. Tuley Coroner M. D.

Address 1639 Broadway

Date Nov 6 1908

Place of Burial Mt Auburn Cemetery

Date November 7th 1908

Undertaker Chas. B. Fitz.

Address 112 E. Lexington st

Remarks Autopsy & Tumor Tissue sent to Path. Lab.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C16923

Ward 14 — C16923 — Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1625 Park Place St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name M. Annie Hook

{Residence, if in Baltimore, Give Street and Number.} 1625 Park Place

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	August 3rd 1848
AGE	60 years, 3 months, 3 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Michael Miller
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Martha C. Miller
BIRTHPLACE OF MOTHER (State or country)	Kent Co Md
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Jacob W. Hook

(Address) 1625 Park Place

Filed 11/7 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Nov 6 1908

that I last saw h~~e~~r alive on Nov 6 1908,

and that death occurred, on the date stated above, at 4.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

~~Interstitial~~ Nephritis.

5 yrs. (DURATION) DAYS

Contributory (Primary.) Paralysis (DURATION) 7 DAYS

(Signed) Jas. C. Clarke M.D.

Address 1701 Madison Ave

Date Nov 6. 1908

Place of Burial Greenmount Cemetery

Date Nov 8th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C16924 Registered No. B C16924

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 18 Talbot St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Evans

{Residence, if in Baltimore, Give Street and Number.} 18 Talbot St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Colard | COLOR Female

DATE OF BIRTH 1

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Evans

(Address) 18 Talbott st

Filed 11/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 1908 to Nov. 5 1908

that I last saw h er alive on Nov. 5 1908

and that death occurred, on the date stated above, at 3:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R. Garland Cornwell M.D.

Address 424 East 23 St

Date Nov. 6 1908

Place of Burial Towson Md

Date Nov 7 1908

Undertaker R Spilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C16925 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2201 Bankst. S. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie C Stebling

{Residence, if in Baltimore, Give Street and Number.} 2201 Bankst

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 10 1872

AGE: 36 years; 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Warnken

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Caroline Wieland

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Stebling

(Address) 2201 Bankst

Filed 11/7 1908 HARRY C. ANDREAS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1908

I HEREBY CERTIFY, That I attended deceased from Oct 16 1908 to Nov 6 1908

that I last saw h alive on Nov 5 1908

and that death occurred, on the date stated above, at 6 40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis — Asthenia

48 hours (DURATION) DAYS

Con'tributory (Primary.) Typhoid Fever

(DURATION) 21 DAYS

(Signed) Geo L Dilletus M.D.

Address

Date 190

Place of Burial Loudon Park

Date Nov 9 1908

Undertaker Louis Heemann

Address 32 & Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1

HEALTH DEPARTMENT, CITY OF BALTIMORE. C16926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

61

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16926

City of Baltimore, (No. 520, N. Collington Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Erdus T. McGee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 19th 1908 (Month) (Day) (Year)

AGE: ..... years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Otto E. Huber

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mabel E. Black

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Otto E. Huber

(Address) 520 N. Collington Ave

Filed 11/7 1908

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 5th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2d 1908 to Nov 5th 1908 that I last saw him alive on Nov 5th 1908, and that death occurred, on the date stated above, at 10 45 A.M. The CAUSE OF DEATH was as follows:

Meningitis-cerebral.

(DURATION) 1 DAYS

Contributory Duodenum.

(DURATION) 10 DAYS

(Signed) C. P. Sundstrom M.D.

Nov 6th 1908 (Address) 2 S Patterson Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 7 1908
UNDERTAKER	ADDRESS
Henry Hoeck & Son	1301 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C16927 C16927

Ward ..... Registered No. B .....

67

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital Insane Dept. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Lucas

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Can Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Nov 5 1908 that I last saw him alive on Nov 5 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Paresis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date November 5 1908.

Place of Burial Baltimore Cemetery

Date Nov. 8 1908

Undertaker Henry Hardt Son

Address 1801 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C16928 Registered No. B C16928

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1644 Jackson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert L. Thompson

{Residence, if in Baltimore, Give Street and Number.} 1644 Jackson St.

Duration of Residence in Baltimore. Three Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 6 1908

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Harford Co.

FULL NAME OF FATHER: Robert L. Thompson

BIRTHPLACE OF FATHER (State or country): Harford Co.

MAIDEN NAME OF MOTHER: Bertie L. Palmer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertie L. Palmer

(Address) 1644 Jackson st.

Filed 11/7 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 1908 to Nov 6 1908 that I last saw h live alive on Nov 5 1908, and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Miasmus de Bronchitis

(DURATION) 17 DAYS

Contributory (Primary.) Heart failure

(DURATION) 17 DAYS

(Signed) Dr J W Kennard M.D.

Address 708 Eutaw St

Date Nov 6 1908

Place of Burial Sewell Station Harford Co Md

Date November 7 1908

Undertaker Edward L. Lanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C16929 Registered No. B C16929

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 833 N. Madeira St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anna M. Graham

{Residence, if in Baltimore, Give Street and Number.} 833 N. Madeira st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 21 1878

AGE: 30 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Klima

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Mary Mathaus

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Graham

(Address) 833 N. Madeira st

Filed 11/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 3- 1908 to Nov. 6 1908

that I last saw h[illegible] alive on .. 1908

and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Uteri

4 months. (DURATION) DAYS

Contributory (Primary) Cystitis Chronic (DURATION) DAYS

(Signed) William J. Sysaman M.D.

Address 2005 Eutaw Place

Date Nov. 6- 1908

Place of Burial Holy Redeemer Cemetery

Date Nov 9th 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16930

CERTIFICATE OF DEATH.

174

(Place of Death.) No. 2409 Federal St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Ford.

Residence, Give Street and Number, 2409 E. Federal Street

Duration of Residence in Baltimore, 30 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH March 29th 1848

AGE 60 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER John Krafft

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Rutter

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ford.

(Address) 2409 E. Federal St

Filed 11/7 1908

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 6 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Inhalation of illuminating gas, by facking access gas stove in an attack of vertigo. (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Ronald T. Lutz coroner M. D.

Address Coroner

Date Nov. 6 1908

Place of Burial Lundar Park

Date Nov. 9th 1908

Undertaker G. F. Walker

Address 723 Lafayette ave

Remarks

Ward 20 HEALTH DEPARTMENT, City of Baltimore. C16931 Registered No. C C16931

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Via. train #191 B.&O.R.R. at Rockville, Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lambert H. Severns,

Residence, Give Street and Number, 211 Frederick Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH July 1st. 1887

AGE 21 years, 4 months, 4 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Falls City

FULL NAME OF FATHER Wm L Severns.

BIRTHPLACE OF FATHER (State or county) Carroll Co Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Balt Md.

OCCUPATION OF DECEASED Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L Severns

(Address) 211 Frederick Ave

Filed 11/7 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 5 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Railroad Accident:

Trauma of head and crushed lower leg. (DURATION) DAYS

Contributory (Primary) ..... (DURATION) DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date November 5. 1908

Place of Burial London Park NOV 8 1908 190

Undertaker Geo D Gerke

Address 14 S Pulaski St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C16932 Registered No. B C16932

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 1904 Sherwood Av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Charles Vogl

{Residence, if in Baltimore, Give Street and Number.} 1904 Sherwood av

Duration of Residence in Baltimore. 6 yrs and 10 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 26 1901

AGE 7 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED x x

BIRTHPLACE (State or country) Wash D.C.

FULL NAME OF FATHER Conrad Vogl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Doger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O H Deeley M D

(Address) 928 E North Av

Filed 11/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1908 to Nov 6th 1908 that I last saw h.. alive on Nov 6th 1908, and that death occurred, on the date stated above, at 2 20 P M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis general
following Typhoid fever

(DURATION) 6 DAYS

Contributory (Primary.) Typhoid

(DURATION) 3 weeks DAYS

(Signed) O H Deeley M.D.

Address 928 E North Av

Date Nov 6 1908

Place of Burial Baltimore

Date Nov 8 1908

Undertaker Wendell Dysert & Son

Address North & Harford aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C16933 Registered No. B C16933

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 870 S Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Jagielski

{ Residence, if in Baltimore, Give Street and Number. } 870 S Dallas

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): German Poland

FULL NAME OF FATHER: Frank Jagielski

BIRTHPLACE OF FATHER (State or country): German Poland

MAIDEN NAME OF MOTHER: Hedwig Grzechowiak

BIRTHPLACE OF MOTHER (State or country): German Poland.

OCCUPATION OF DECEASED: Laber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Grzechowiak.

(Address) 605 S. Wolfe St

Filed 11/7 1908

HARRY C. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1908 to Nov 5th 1908

that I last saw h[illegible] alive on Nov 5 1908,

and that death occurred, on the date stated above, at 8 30

I. CAUSE OF DEATH (Secondary or Immediate)

acute Pneumonitis

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 165 Bank

Date Nov 5 1908

Place of Burial Holy Rosary.

Date Sunday Nov 8" 1908

Undertaker M F Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C16934

Registered No. C 16934

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 323 S Dorsh St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bronislawa V Burbey

Residence, Give Street and Number, 323 S Dorsh

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: — years, 7 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Stephan Budny

BIRTHPLACE OF FATHER (State or county): Germany Poland

MAIDEN NAME OF MOTHER: Agnes Gurska

BIRTHPLACE OF MOTHER (State or county): Germany Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephan Budny

(Address) 1423 Garrett Ave

Filed 11/7 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 6 — 08 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 — 1908 to Nov 6 — 1908

that I last saw h— alive on Nov 5 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Jaun - Endo

2 mos (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) [illegible] M. D.

Address 125 [illegible]

Date Nov 6/08 1908

Place of Burial St Stanislaus.

Date Sunday Nov 8 1908

Undertaker M J Sadowski.

Address 403 S. Ann St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 12X

C16935 Registered No. B C16935

CERTIFICATE OF DEATH.

39

(Place of Death.) No. U.S. Marine Hospital Annapolis Ext. 3rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Wallace

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 50 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER ✓

BIRTHPLACE OF FATHER (State or country) ✓

MAIDEN NAME OF MOTHER ✓

BIRTHPLACE OF MOTHER (State or country) ✓

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Warner M.D.

(Address) U.S. Marine Hospital

Filed 11/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from June 14 1908 to Nov 6 1908 that I last saw h- alive on Nov 6 1908 and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma of tongue

(DURATION) 5 months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. Burtchaell M.D.

Address U.S. Marine Hospital

Date Nov. 7 1908

Place of Burial New Methodist Cemetery

Date November 7 1908

Undertaker H E Hughes

Address 170 E Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C16936

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1727 N. Carey St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Gooch

Residence, Give Street and Number, 1727 N. Carey St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Jan 3 1834

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER John G. Gooch

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Elizabeth Pendilian

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED Conductor B&O.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Gooch

(Address) 1727 N. Carey St.

Filed 11/7 190 8 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 6 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Oscar Baldwin M. D.

Address 700 N. Eutaw (Cancer)

Date Nov 7 1908.

Place of Burial Loudon Park

Date Nov 7 1908

Undertaker Joseph Lyle

Address 600 W North Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C16937 Registered No. C 16937

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1108 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lot N Brown Jr

Residence, Give Street and Number, 1108 E Lanvale

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: September 6 1907

AGE: ... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Lot N Brown

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Mary E Taylor

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henerietta Brown

(Address) 1108 E Brown

Filed 11/7 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 6 1908

I HEREBY CERTIFY, That I attended deceased from Nov 5 1908 to Nov 6 1908

that I last saw him alive on Nov 6 1908

and that death occurred, on the date stated above, at 12.30 A M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Congestion

(DURATION) one DAYS

Contributory (Primary) Cold

(DURATION) 3 DAYS

(Signed) R P Cannon M. D.

Address 1201 N Carlton St

Date Nov 6 1908

Place of Burial Louden Park

Date Nov 8 1908

Undertaker Robt J Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 — Registered No. B C16938

C16938

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 302. E. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant child of { Julia Tillman / John J. Tillman

{ Residence, if in Baltimore, Give Street and Number. } 302. E. Lafayette ave

Duration of Residence in Baltimore. 36 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Nov 4th 1908

AGE: —— years, —— months, 1½ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: John. J Tillman

BIRTHPLACE OF FATHER (State or couutry): Balt.

MAIDEN NAME OF MOTHER: Alice J. Phillips

BIRTHPLACE OF MOTHER (State or country): Balt.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Tillman

(Address) 302 E. Lafayette ave

Filed 11/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1908 to Nov 6th 1908

that I last saw h[illegible] alive on Nov 5th 1908,

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Child died from premature birth at 6th month of Pregnancy due to Placenta Praevia (DURATION) —— DAYS

Contributory (Primary) ——— (DURATION) —— DAYS

(Signed) J. Herman Buck M.D.

Address 2844 St. Paul St

Date Nov 6th 1908

Place of Burial Holy Sepulchre

Date Nov 7 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 11 Registered No. B C16939

CERTIFICATE OF DEATH.

(Place of Death.) No. 775 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Bernard McNamara

{Residence, if in Baltimore, Give Street and Number.} 775 W. Lexington St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 23 1881

AGE: 27 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Bernard J. McNamara

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Brown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Bridget McNamara

(Address) 775 W. Lexington St.

Filed Nov 7 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1905

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to Nov 5 1905 that I last saw h alive on Nov 4 1905, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(1) one year (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C. F. Black M.D.

Address 1525 Bolton

Date Nov 7 1905

Place of Burial Holy Cross Cemetery

Date Nov 8th 1905

Undertaker Henry W. Means & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C16940

CERTIFICATE OF DEATH.

79

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Whelan

{ Residence, if in Baltimore, Give Street and Number. } Little Sisters of the Poor Preston & Valley Sts

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1845

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick King

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Bridget Flaherty

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Joseph de Ste Marie

(Address) Preston & Valley Sts

Filed Nov 7. 1908 HARRY C. ANDE... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 ..... to ..... 190 .....

that I last saw h Sr alive One week prior to her death 190 .....,

and that death occurred, on the date stated above, at 5 ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart

(DURATION) ..... DAYS

Contributory (Primary.) Influenza Grippe

(DURATION) ..... DAYS

(Signed) F. H. Warner, M.D.

Address 1133 Valley St

Date Balto Nov 7 1908

Place of Burial Holy Cross

Date Nov 9 — 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16941

Ward 13

CERTIFICATE OF DEATH.

(Place of Death.) No. Clover Dale 4121 Eutaw Place Extended St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel G. Cole

Residence, Give Street and Number, Clover Dale Eutaw Place

Duration of Residence in Baltimore, entire life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Abraham Cole

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Eleanor Hamman

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. B. Brooks

(Address) Baltimore

Filed Nov 7. 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

Remarks .....

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 6 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 3 - 1908 to Nov 6 1908

that I last saw her alive on Nov 6 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) old age

(DURATION) — DAYS

(Signed) Wallace B Brooks M. D.

Address 502 Cathedral St

Date November 6 - 1908

Place of Burial Lyons mount

Date Nov 8th 1908

Undertaker J Wilkinson & Sons Co

Address 300 W. Madison St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C16942

Ward 20

Registered No. B C16942

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Armiger

{Residence, if in Baltimore, Give Street and Number.} 917 Walnut St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 27 1

AGE 25 — years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Peter Armiger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rose Lessner

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Armiger

(Address) 523 N. Eden St

Filed Nov 7 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 — 1908 died

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that ~~I last saw him~~ alive on ——— 190,

and that death occurred, on the date stated above, at A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Congestion Pneumonia

(DURATION) DAYS

Contributory (Primary.) Diphtheria.

(DURATION) DAYS

(Signed) McKelvey Lemmon M.D.

Address 1639 Broadway

Date Nov 9. 1908 P. by Dr. McKelvey 190

Place of Burial Holy Redeemer Cem

Date Nov. 8 th 1908

Undertaker A. Fink & Son

Address 916 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 5 Registered No. B C16943

CERTIFICATE OF DEATH. C16943 95

(Place of Death.) No. 1418 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Abr Shoosinger

{Residence, if in Baltimore, Give Street and Number.} 1418 E. Fayette

Duration of Residence in Baltimore. 4 da

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH 1

AGE 1 years, 6 months, ——— days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Lazarus Shoosinger

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Cohen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Shoosinger

(Address) 1418 E Fayette St

Filed 11/8 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov 7 1908 that I last saw h— alive on Nov 7 1908 and that death occurred, on the date stated above, at 8 p m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Congestion

(DURATION) 1 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) Chas T Block M.D.

Address 1523 E Baltimore

Date Nov 7-08 1908

Place of Burial Hebrew Rondelle Cemetery

Date Nov 8 1908

Undertaker Wm Levinson

Address 1720 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C16944 Registered No. B C16944

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 428 Moore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathan Emory

{Residence, if in Baltimore, Give Street and Number.} 428 Moore St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	Apl 29 1908
AGE	— years, 6 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Paraway
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Edith Emory
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Emory

(Address) 428 Moore

Filed 11/8 1908

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1908 to Nov 6th 1908, that I last saw him alive on Nov 5th 1908, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis (DURATION) 14 DAYS

Contributory (Primary) Asthenia (DURATION) 30 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave

Date Balto Nov 7th 1908.

Place of Burial Mt. Auburn

Date Nov 8 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

Ward 23

HEALTH DEPARTMENT, City of Baltimore.

C16945

Registered No. C16945

CERTIFICATE OF DEATH.

118

(Place of Death.) No. 914 Eastern Loadenhall St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Sewell

Residence, Give Street and Number, 914 Loadenhall St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: colored

DATE OF BIRTH: 1

AGE: 20 years, 11 months, 10 days

SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Bal

FULL NAME OF FATHER: Joseph Sewell

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Harriet Ennis

BIRTHPLACE OF MOTHER (State or county): md

OCCUPATION OF DECEASED: nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Green

(Address) 914 Loadenhall St

Filed 11/8 1908

HARRY C. [illegible]
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 6 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1908 to Nov 6 1908

that I last saw her alive on Nov 6 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Appendicitis 3d Peritonitis

(DURATION) DAYS

Contributory (Primary) Diphtheria

(DURATION) 3 DAYS

(Signed) C. W. Foster M. D.

Address 712 E. Lanvale St

Date Nov 6th 1908

Place of Burial Mt Auburn Cemetery

Date Nov 8 1908

Undertaker John H. Todd's

Address 1142 N. Hill St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C16946 Registered No. B C16946

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 Dawson Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Sanders.

{Residence, if in Baltimore, Give Street and Number.} 222 Dawson Al

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH July 1885

AGE 23 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Calvert Co Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) not known.

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Calvert Co.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy N. Sanders,

(Address) 222 Dawson Al

Filed 11/8 1908 HARRY C. ARNOLD PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 31st 1908 to Nov 5 1908 that I last saw him alive on Nov 5 1908, and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever (DURATION) 6 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F C Lunk M.D.

Address 1313 N. North Ave

Date Nov 6th 1908

Place of Burial Mt. Zion Cemetery

Date Nov. 8 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 14 C16947 Registered No. B C16947

CERTIFICATE OF DEATH.

67

(Place of Death.) No. 1921 Pennsylvania ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel F. Virtue

{ Residence, if in Baltimore, Give Street and Number. } 1921 Pennsylvania Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female.
COLOR	White
DATE OF BIRTH	Sept. 30 1834
AGE	74 years, 1 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Boro Md.
FULL NAME OF FATHER	William Truett.
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Martha Cunningham
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David B Virtue

(Address) 1921 Penna. ave

Filed 11/8 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1908

I HEREBY CERTIFY, That I attended deceased from Oct 17 1908 to Nov 6 1908 that I last saw h[illegible] alive on Nov 6 1908, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Softening of brain

(DURATION) DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) L. E. Brack M.D.

Address 837 N Fayette St

Date Nov 7 1908

Place of Burial Loraine Cemetery

Date Nov 8 1908

Undertaker E I Fanning

Address 1938 E. Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 15 C16948 Registered No. C16948

CERTIFICATE OF DEATH.

109

(Place of Death.) No. 377 Woodyear St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Martha Gibson

{Residence, if in Baltimore, Give Street and Number.} 1377 Woodyear St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR cd

DATE OF BIRTH Aug. 30th 1908

AGE ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Peter Gibson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lizzie White

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Peter Gibson

(Address) 1377 Woodyear St

Filed 11/8 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis, Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Prolapsus of the rectum (DURATION) DAYS

(Signed) Wm Baltzell M.D.

Address 705 Log ave (Govans)

Date Nov. 7th 1908

Place of Burial Mt Zion

Date Nov 8th 08 190

Undertaker Edward Wright

Address 1364 McCamy St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 11

HEALTH DEPARTMENT, City of Baltimore.

C16949 Registered No. C16949

CERTIFICATE OF DEATH.

1908

(Place of Death.) No. 137 West Mt Royal Ave Baltimore Md St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Hill Barnes

Residence, Give Street and Number, 137 West Mt Royal Avenue

Duration of Residence in Baltimore, thirty two years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: May 16th 1842

AGE: 66 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Prince George Co Md

FULL NAME OF FATHER Clement Hill

BIRTHPLACE OF FATHER (State or county) Prince George Co Md

MAIDEN NAME OF MOTHER Sarah Parker

BIRTHPLACE OF MOTHER (State or county) Philadelphia Pa

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Wilson Barnes

(Address) 137 W. Mt Royal ave

Filed 11/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 7th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Nov 7 1908 that I last saw her alive on Nov 6 1908 and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia (DURATION) 4 DAYS

Contributory (Primary) Chronic Nephritis

Cardiac & Arterial disease (DURATION) Some years

(Signed) Chas W. Larned M. D.

Address 1327 Park Ave

Date Nov 8 1908

Place of Burial Greenmount

Date Nov 9 Monday 1908

Undertaker Henry W. Jenkins Sons Co

Address 300 Madison Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C16950 OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C16950

64

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 867 Pine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Otto

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Novbr 23 1838 (Month) (Day) (Year)
AGE	69 years, 11 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Will Schuster

(Address) 1005 N Bond

Filed 11/8 1908 HENRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Novbr 6 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Novbr 4 1908 to Novbr 6 1908 that I last saw him alive on Novbr 6 1908, and that death occurred, on the date stated above, at 11. 15 P.M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 2 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. F. Lang M. D.

Novbr 7 1908 (Address) 933 N. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov 8 1908
UNDERTAKER	ADDRESS
R A Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C16951 Registered No. B C16951

CERTIFICATE OF DEATH.

(Place of Death.) No. 525 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella A. Chester

{Residence, if in Baltimore, Give Street and Number.} 525 W. Lanvale

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1 ——

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John H Stanley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriet A. Dixon

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Moses J H Chester

(Address) 520 W Lanvale

Filed 11/8 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5th 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Nov. 5 1908 that I last saw h[illegible] alive on Nov. 2 1908 and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthema.

About 2 yrs. (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Wm. T. Carr, Jr. M.D.

Address 515 Mosher St.

Date Nov. 7 1908

Place of Burial Asbury

Date Nov 8 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C16952 Registered No. B C16952

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 2035 Woodberry ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Amanda Carrilla Buffington

{Residence, if in Baltimore, Give Street and Number.} 2035 Woodberry Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 28- 1885

AGE 23 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER David A. Forrester

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Kate Conway

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) David A. Forrester

(Address) 2035 Woodberry Ave

Filed 11/8 1908 HARRY C. ANDRESS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1908 to Nov 6th 1908 that I last saw h[illegible] alive on Nov 6 1908, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral & Aortic Regurgitation

10 years Grunig

work for (DURATION) 36 DAYS

Contributory (Primary.) Chorea

10 Years (DURATION) DAYS

(Signed) L. B. Trautz M.D.

Address 765- 3rd Ave

Date Nov 6th 1908

Place of Burial Loudon Park

Date November 9- 1908

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C16953 Registered No. C 16953

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 S Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Cook

Residence, Give Street and Number, 814 S Rose St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Octo 25 1908

AGE — years, — months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER John Cook

BIRTHPLACE OF FATHER (State or county) Poland

MAIDEN NAME OF MOTHER Mary Gaswell

BIRTHPLACE OF MOTHER (State or county) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cook

(Address) 814 S Rose St

Filed 11/8 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1908 to Nov 6th 1908

that I last saw h alive on Nov 5th 1908

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate,)

(DURATION) DAYS

Contributory (Primary)

Infection Generality (DURATION) 8 DAYS

(Signed) C. V. Kelley M. D.

Address 320 Madison St

Date Nov. 7th 1908

Place of Burial Holy Rosary

Date Nove 8 1908

Undertaker Joseph Zborowski

Address 1703 Alice Ave. Lv

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL IN THE SPACES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C16954 Registered No. C 16954

69

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 Collett St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank West

Residence, Give Street and Number, 614 Collett St

Duration of Residence in Baltimore, 1890.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored

DATE OF BIRTH Unknown

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or couuty) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. West

(Address) 614 Collett St

Filed 11/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 6 1908.

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h alive on ... 190

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Isaac Bressler M. D.

Address 700 N. Lafayette Corner.

Date Nov. 6 1908.

Place of Burial Cat Arbor yard

Date Nov 8 1908

Undertaker Wm J. Johnson

Address 614 Baker St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C16955

8

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1820, N Chester St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Zeltmeisl

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 27 years, 11 months, ——— days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Zeltmeisl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alois B Zeltmeisl

(Address) 15 & E Chases

Filed 11/8 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 1 1908 to November 5 1908

that I last saw h[illegible] alive on Nov. 5 1908,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

4 months (DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) 30 DAYS

(Signed) A W Macdonald M. D.

Nov 5 1908 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Nov 9 1908

UNDERTAKER: Kendell Dippel & Son

ADDRESS: 330 S Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C16956 C16956

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

33

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2528, E. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura S. J. Tyrrell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. (Month) 1st (Day) 1867 (Year)

AGE: 41 years, 3 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Hugh Andrews

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: M. J. Gemmill

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances J. Tyrrell

(Address) 2528 E. Fayette St.

Filed 11/8 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 18 1908 to Nov. 7 1908, that I last saw her alive on Nov. 6 1908, and that death occurred, on the date stated above, at 9 30 P.M. The CAUSE OF DEATH was as follows:

Interstitial Pyelonephritis

(DURATION) ..... DAYS

Contributory Asthenia

(DURATION) ..... DAYS

(Signed) G. C. Thiem M. D.

Nov. 7 1908 (Address) 3038 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cemetery Presbyterian York Co Penna

DATE OF BURIAL: Nov. 1908

UNDERTAKER: S. M. Starr

ADDRESS: 123 S. Broadway

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C16957

Ward 5

Registered No. B C16957

CERTIFICATE OF DEATH.

19

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Levinson

{ Residence, if in Baltimore, Give Street and Number. } 848 East Pratt Stret

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 18 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Meyer Levinson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Candis

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Hyman Levinson

(Address) 840 East Pratt st

Filed Nov 8 1905 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8 1905

I HEREBY CERTIFY, That I attended deceased from Sept 14 1905 to Nov 8 1905 that I last saw h alive on Nov 8 1905, and that death occurred, on the date stated above, at 2.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral and Aortic Insufficiency -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Johns Hopkins Hospital

Date Nov 8 1905

Place of Burial Hebrew Rondale Cem

Date Nov 9 1905

Undertaker May Levinson

Address 1620 N. Eden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C16958 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 666 W Franklin St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Garonzik

Residence, Give Street and Number, 666 W Franklin St

Duration of Residence in Baltimore, 18 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Russia

FULL NAME OF FATHER: Rubin Katz

BIRTHPLACE OF FATHER (State or county): Russia.

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or county): Russia.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rubin Garonzik

(Address) 666 W Franklin St

Filed Nov 8 1908 HARRY C. ANDR[illegible], Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 9th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1908 to Nov 6th 1908

that I last saw h[illegible] alive on Nov 6th 1908

and that death occurred, on the date stated above, at 12.30

M. CAUSE OF DEATH (Secondary or Immediate,)

Asthama. Asthma & Heart failure

(DURATION) 39 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Nov 9th 1908

Place of Burial Hebrew Henrietta Sp

Date Nov. 9 1908

Undertaker Mary Lennon

Address 162 c Mt Eldenay St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16959

Ward 10 — Registered No. B C16959

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 2115 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Emma Schaefer

{Residence, if in Baltimore, Give Street and Number.} 2115 Frederick Av

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 9 1864

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm H Schaefer

BIRTHPLACE OF FATHER (State or country): B Europe

MAIDEN NAME OF MOTHER: Christina M. Pfeffer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ~~Kit & Cushion~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate E Eichner

(Address) 2115 Fredk. ave

Filed 11/9 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6. 1908

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to Nov. 6. 1908 that I last saw h[illegible] alive on Nov 6 1908, and that death occurred, on the date stated above, at 8.00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

(DURATION) 2 yrs DAYS

Contributory (Primary.) Collapse

(DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 1935 Aisquith

Date Nov. 7. 1908.

Place of Burial Western Cemetery.

Date Nove. 9 1908

Undertaker Mrs Geo. P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF ...

Ward 16 C16960 Registered No. B C16960

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 925 N. Fulton av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James C. Adams

{Residence, if in Baltimore, Give Street and Number.} 925 N. Fulton av

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH March 3 1840

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Jas C. Adams

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Etta Hill

(Address) 926 N Fulton ave

Filed 11/9 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Nov 7 1908 that I last saw h.. alive on Nov 6 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 12 DAYS

Con'ributory (Primary) Respiratory

Paralysis (DURATION) ... DAYS

(Signed) Albert F. Coney M.D.

Address 1412 Mt Royal av

Date Nov 8 1908 ✓

Place of Burial Greenmount

Date Nov 9 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C16961 Registered No. C C16961

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1228 Hanover St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas May

Residence, Give Street and Number, 1228 Hanover St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR White

DATE OF BIRTH March 16th 1908

AGE — years, 7 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Baltimore City

FULL NAME OF FATHER Michael May

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Annie Noon

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. May - father

(Address)

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 7th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 16th 1908 to Nov 7th 1908

that I last saw him alive on Nov 7th 1908

and that death occurred, on the date stated above, at 5 P M. CAUSE OF DEATH (Secondary or Immediate,)

Gastro Enteritis

4 weeks (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Thomas J O'Donnell M. D.

Address 1340 Eutaw St

Date Nov 8th 1908

Place of Burial St. Peters Cemetery

Date Nov. 9. 1908

Undertaker M. J. & M. G. Flynn

Address 42 E. West St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

19

C16962

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C16962

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. ~~1907~~ 1507 Edmondson Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles J Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 18 1882
(Month) (Day) (Year)

AGE 26 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jno. Moore

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER May E Sittman

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Moulton

(Address) 1507 Edmondson Ave

Filed 11/9 1908 HARRY C. ANDERSON Registrar

PERMIT OBTAINED.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7, 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 8, 1908 to Nov. 7, 1908 that I last saw him alive on Nov. 6, 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

(DURATION) 9 mon. ~~DAYS~~

Contributory ..... (DURATION) ..... DAYS

(Signed) Jas H Hamman M. D.

Nov. 8, 1908 (Address) 24 W Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cathedral Cemetery | DATE OF BURIAL Nov 9 1908

UNDERTAKER Wm J Tuckwood Sons | ADDRESS Camden Yards

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEAD THE LAW PRINTED ON ...

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C16963

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Genual Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. John Fagan

Residence, Give Street and Number, Pittsfield, Mass. #6 Orchard St.

Duration of Residence in Baltimore, 4 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 6th 1885

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Mass

FULL NAME OF FATHER: John Flagan

BIRTHPLACE OF FATHER (State or county): New York

MAIDEN NAME OF MOTHER: Mary — ny

BIRTHPLACE OF MOTHER (State or county): New York

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ~~BELIEF~~.

(Informant) John Fagan

(Address) Pittsfield Mass

Filed 11/9 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 8, 1908.

I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1908 to Nov. 8 1908

that I last saw him alive on Nov. 8 1908

and that death occurred, on the date stated above, at 11.25 P M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion resulting from Typhoid Fever.

(DURATION) 21 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) DAYS

(Signed) S. H. Streett M. D.

Address Md Genl Hospital

Date Nov. 8, 1908

Place of Burial Pittsfield Mass.

Date Nov 9th 1908

Undertaker Wm H Gaulbert

Address Fifth & Linden Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1908 36/2
187 15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C16964

City of Baltimore, (No. 1342 N Fulton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Maggie Gurry

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH ~~Dec~~ (Month) 8 (Day) 1872 (Year)

AGE 35 years, 8 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER James Gurry

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Rosa. Fay.

BIRTHPLACE OF MOTHER (State or country) Baltimore New York

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asst Postmaster

(Address) 432 N. Carey St

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 4 1908 to Nov 7 1908

that I last saw her alive on Nov 7 1908,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows: *

Catarrhal Pneumonia Phthisis

onset & attack, abrupt. pain in entire right lung. rapid emaciation with loss of vitality. Heart murmur (DURATION) 34 DAYS

Contributory Since attack of Typhoid fever July 1908. General septic condition debility (DURATION) 28 DAYS

(Signed) A Hartogensis M. D.

Nov 8 1908 (Address) 432 N Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ~~Yes~~ No

PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL 11-10-1908

UNDERTAKER Wm H. Gaither & Son | ADDRESS North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

* Tubercle Bacilli demonstrated in Sputum Nov 2 1908. Emaciation & loss of vitality most rapid owing to obstinate Anorexia; nourishment refused not to be restored. A Hartogensis M D

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C16965 Registered No. B C16965

CERTIFICATE OF DEATH.

150 L

(Place of Death.) No. 212 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha M. Keller

{Residence, if in Baltimore, Give Street and Number.} 212 S. Ann st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16 1907

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Frederick Keller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Ferlig

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Keller

(Address) 212 S. Ann st.

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7th. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 30. 1908 to Nov. 7. 1908 that I last saw her alive on Nov. 7. 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Least cyanosis

Lifetime (DURATION) DAYS

Contributory (Primary.) Congenital Debility.

Lifetime (DURATION) DAYS

(Signed) E. J. Lebold M.D.

Address 1001 Gilsgnith St.

Date Nov. 7th. 1908.

Place of Burial Holy Redeemer

Date Nov. 9 1908

Undertaker J. T. C. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C16966 Registered No. B C16966

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1137 Penna. ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Battaglia.

{Residence, if in Baltimore, Give Street and Number.} 1137 Penna ave.

Duration of Residence in Baltimore. 6 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Dec 8th 1893

AGE 14 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Italy.

FULL NAME OF FATHER Salvatore Battaglia

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Maria Grazia Ghionna

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pasquale Briagna

(Address) 1137 Penna ave

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 — 6 1908

I HEREBY CERTIFY, That I attended deceased from 9 — 6 1908 to 11 — 6 1908 that I last saw h.. alive on 11 — 6 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

(DURATION) 3 DAYS

Contributory (Primary.) Uraemia Colitis.

(DURATION) 60 DAYS

(Signed) S. Arnaldo M.D.

Address 1604 Linden ave

Date 11 — 7 1908

Place of Burial St Vincents Cem

Date Nov 9 1908

Undertaker M. Doyle & Son

Address 17 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C16967 Registered No. B C16967

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 23 N Poppleton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Susan Hunter

{Residence, if in Baltimore, Give Street and Number.} 23 N Poppleton

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1834
AGE	74 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	America
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Hunter

(Address) 23 N Poppleton St

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1908 to Nov 7 1908 that I last saw h[er] alive on Nov 6 1908, and that death occurred, on the date stated above, at 5:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) 120 DAYS

Contributory (Primary.)

Stomach (DURATION) 30 DAYS

(Signed) Edw Grempler M.D.

Address 517 Lombard

Date Nov 9 1908

Place of Burial Mt Peace Cemetery

Date Nov 10 1908

Undertaker H. C. Brannan & Son

Address 5 N Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

Ward 16

C16968

C16968 Registered No. B

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1223 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry H. Richards

{Residence, if in Baltimore, Give Street and Number.} 1223 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 4 1886

AGE 22 years, 3 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Christian Richards

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary A. McDonald

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Shoe Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella E Richards

(Address) 1223 W Lombard St

Filed 11/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9 1908 to Nov 7 1908 that I last saw h[illegible] alive on Nov 7 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary.) Acute nephritis

(DURATION) 7 DAYS

(Signed) W A Tucker M.D.

Address Druid Lodge

Date Nov 7, 11 a. m. 1908

Place of Burial London Park

Date Nov 9 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

20

C16969

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

C16969

Registered No. B .....

City of Baltimore, (No. 1825 Edmondson Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Harvey Newell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 19 (Day) 1858 (Year)

AGE: 50 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Peter Newell

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Sarah Howell

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary M Newell

(Address) 1825 Edmondson Ave

Filed 11/9 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 8th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 2d 1908 to Nov 8th 1908 that I last saw him alive on Nov 8th 1908, and that death occurred, on the date stated above, at 9.45 a.m. The CAUSE OF DEATH was as follows:

Pneumonia (Lobar)
(Collapse)

(DURATION) 6½ DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Edw. I Rummer M. D.

Nov. 8th 1908 (Address) 539 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: Nov. 10 1908

UNDERTAKER: Jos B Cook — ADDRESS: 1103 N Balto

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

C16970 Registered No. B C16970

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 3711 Forest av Forest Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Silas Benjiman Maltbie

{ Residence, if in Baltimore, Give Street and Number. } 3711 Forest Ave

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 4th 1835

AGE: 73 years, 2 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: Harrison Maltbie

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Miss Dowling

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Maltbie

(Address) 3711 Forest ave

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1908 to Nov 7th 1908

that I last saw h~~im~~ alive on Nov 7th 1908,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema

several hours (DURATION) DAYS

Contributory (Primary) Arterial Sclerosis

Appoplexy (DURATION) 22 DAYS

(Signed) J K B Seegar M.D.

Address 1529 Park Ave

Date Nov 8th 1908

Place of Burial Delaware Ohio

Date November 11th 1908

Undertaker Steward & Howard Co

Address 215 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

Dr J. K. B. Seegar
1029 Park Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 Registered No. C 16971

CERTIFICATE OF DEATH.

1920

(Place of Death.) No. 2939 Tait Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cerrilla Ford

Residence, Give Street and Number, 2939 Tait Ave

Duration of Residence in Baltimore, 4 Days.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH June 5-th 1836

AGE 71 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Wm Tompson

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Ford

(Address) Middle River Md.

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 5 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Nov 4 1908

that I last saw h[illegible] alive on Nov 4 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's disease

(DURATION) 30 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) C. E. Long M. D.

Address 2929 Tait Ave

Date 190

Place of Burial Oak Lawn Cemetery

Date NOV 9 - 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT...

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C10972 Registered No. C C10972

CERTIFICATE OF DEATH.

(Place of Death.) No. 435 Bidder St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary E. Grossy

Residence, Give Street and Number, 435 Bidder St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Afro-Am.

DATE OF BIRTH: 1887

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. City

FULL NAME OF FATHER: Francis Grossy

BIRTHPLACE OF FATHER (State or county): Balto City

MAIDEN NAME OF MOTHER: Gertrude Byrne

BIRTHPLACE OF MOTHER (State or county): Balto. City

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Chew

(Address) 435 Bidder St.

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 7th, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1908 to Nov. 7th 1908

that I last saw her alive on Nov. 6th 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

(Pneumonia Phthis. Pulmonary) I. 73.

Acute Gastritis (DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) C. Lee Edes, M. D.

Address 720 Mad. Ave

Date 11/7 1908

Place of Burial Mt. Auburn

Date Nov 9 1908

Undertaker Alex Hornsley

Address 578 N. Bickett St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C16973 — Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 — St. Peter st — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E Curran

{Residence, if in Baltimore, Give Street and Number.} 822 St Peter st

Duration of Residence in Baltimore. 5 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 60 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Gillolly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James J Curran

(Address) 822 St Peter st

Filed 11/9 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 190 8

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Nov 190 to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address .....

Date Nov 8 190 8

Place of Burial St Peters

Date Nov 10 190 8

Undertaker John J Coyman

Address 901 Collins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 27 C16974 Registered No. B 16974

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 215 S. Paca St, Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anthony Joseph Nicodemus King

{ Residence, if in Baltimore, Give Street and Number. } 215 S. Paca St.

Duration of Residence in Baltimore. 12 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1908

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Anthony J. King

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Victoria Thomas

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony J King

(Address) 215 S. Paca St.

Filed 11/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 7th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1908 to Nov 7th 1908 that I last saw him alive on Nov 7th 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 5 DAYS

Contributory (Primary.) Prematurity birth

(DURATION) ..... DAYS

(Signed) J. E. Linden M.D.

Address 115 W. Barre St.

Date Nov 7th 1908

Place of Burial Louden Park

Date Nov 10th 1908

Undertaker John Howan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT,

Ward 21 C16975 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1343 Glyndon Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Leona Polack

{ Residence, if in Baltimore, Give Street and Number. } 1343 Glyndon ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 19 1906

AGE 2 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Peter Polark

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lena

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Polark

(Address) 1343 Glyndon ave

Filed 11/9 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8 1908 to Nov 8 1908 that I last saw her alive on Nov 8 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Mueller M.D.

Address 504 E Paca St

Date Nov 8 1908.

Place of Burial St Alphonsus

Date Nov 9th 1908

Undertaker N. S. Finck

Address 213 W Pratt St

2 P. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPAR...

Ward 15

C16976 Registered No. B C16976

CERTIFICATE OF DEATH.

81

(Place of Death.) No. Garrison and Beech aves St. Halbrook (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda M. Carr

{Residence, if in Baltimore, Give Street and Number.} Garrison + Beech aves

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Aug 17 1830

AGE: 78 years, 2 months, 20 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Wright

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Rebecca Leaf

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Carr Jr

(Address) Halbrook

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 4 1908 to Nov 7 1908 that I last saw her alive on Nov. 7 1908, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate) Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary) Myocarditis - Arter-sclerosis (DURATION) — DAYS

(Signed) G. Carroll Lockard M.D.

Address 1631 W. Lafayette Ave.

Date Nov. 7 1908

Place of Burial Greenmount

Date Nov 9th 1908

Undertaker Chas E Franck

Address 146 N Eutaw

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DE[PARTMENT]

Ward 17 C16977 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia E. Brown

{Residence, if in Baltimore, Give Street and Number.} 506 N. Stricker St

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Mch 3 1842

AGE 66 years, 8 months, 4 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May I Westerman

(Address) 506 N. Stricker St

Filed 11/9 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7th. 1908

I HEREBY CERTIFY, That I attended deceased from Nov 3 1908 to Nov 7 1908 that I last saw her alive on Nov 6 1908, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 4 DAYS

Contributory (Primary.) Malarial Coma (DURATION) 2 DAYS

(Signed) Henry C. Ohee M.D.

Address 1203 N. Fayette St

Date Nov 8 1908

Place of Burial Western Cem.

Date Nov 10th 1908

Undertaker Chas E Franck

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 16 — C16978 — Registered No. B [illegible] 1/20

CERTIFICATE OF DEATH.

(Place of Death.) No. 1503 Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John D Thompson

{Residence, if in Baltimore, Give Street and Number.} 1503 Monument St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1853

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John T. Thompson

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Turner

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John D Thompson

(Address) 1503 Monument St

Filed 11/9 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26 1906 to Nov 7 1908 that I last saw h[illegible] alive on Nov 6 1908 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic convulsions

(DURATION) 3 DAYS

Contributory (Primary.) Chronic nephritis (DURATION) 8 Days

(Signed) W E B Gephart M.D.

Address 16 W Preston St

Date Nov 8 1908

Place of Burial Greenmount Cemetery

Date Nov 9 1908

Undertaker C A Wiedefeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C16979 Registered No. BC16979

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1120 N. Fulton av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clyde LeRoy Gray

{Residence, if in Baltimore, Give Street and Number.} 1120 N Fulton

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 10 1908

AGE: ....years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Robt L Gray

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Lenora Gordon

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt L Gray

(Address) 1120 N Fulton

Filed 11/9 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to Nov 7 1908 that I last saw him alive on Nov 7 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute indigestion

(DURATION) 1 DAYS

Con'tributory (Primary.) Cerebral congestion (DURATION) 1 DAY

(Signed) John D. King M.D.

Address 1425 Eutaw Place

Date Nov 9 1908

Place of Burial Baltimore Co

Date Nov 9 1908

Undertaker W. Pickerstons

Address Camden Pres

150 Lines Entered Forwarded

WM. J. C. DULANY CO. BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C16980 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa N. Neal

{Residence, if in Baltimore, Give Street and Number.} 620 N Monroe St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 29 1830

AGE 78 years, 2 month's, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Powell

BIRTHPLACE OF FATHER (State or country) [illegible]

MAIDEN NAME OF MOTHER Ellen Wright

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Neal

(Address) 620 Monroe

Filed 11/9 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 16 1908 to Nov. 8 1908 that I last saw h[illegible] alive on Nov. 8 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Con'ributory (Primary.) Cerebral Haemorrhage. (DURATION) 23 DAYS

(Signed) E. L. Whitney M.D.

Address 1103 Linden ave

Date Nov 8th 1908

Place of Burial Easton Md

Date Nov 9 1908

Undertaker L. Thomas Sons

Address Camden & Paca Sts

Dr E L Whitney 1103 Linden

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINT...

HEALTH DEPARTMENT...

Ward 10

C16981 Registered No. C ...

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 700 E. Biddle St.

Full Name Francis G. Lynch

Residence, Give Street and Number, 700 E. Biddle St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Jan 13th 1908

AGE ... years, 9 months, 24 days

SINGLE, ~~MARRIED, WIDOWED~~ OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Charles Lynch

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Bertha Pinning

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 700 E. Biddle St

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Dr Wooden

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 7th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1908 to Nov 7th 1908

that I last saw him alive on Nov 7th 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchopneumonia

(DURATION) ... DAYS

Contributory (Primary) Exhaustion

(DURATION) ... DAYS

(Signed) Howard E. Wooden, M. D.

Address 73 N E Preston St

Date November 8th 1908

Place of Burial Holy Cross

Date November 9 1908

Undertaker H. C. Mitchell

Address 914 Greenmount Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT

Ward 14 C16982 Registered No. B C16983

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 Pearl St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Antonio Bracato

{Residence, if in Baltimore, Give Street and Number.} 215 Pearl st-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Nov 7 1906

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Antonio Bracato

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Luca Giglio

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonia Bracato

(Address) 215 Pearl st

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Nov 9 1908

that I last saw h[illegible] alive on Nov 9 1908

and that death occurred, on the date stated above, at A.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Heart Failure

(DURATION) 2 DAYS

Contributory (Primary) Premature Birth (Fw)

(DURATION) DAYS

(Signed) J. J Valentine M.D.

Address 161 Broadway

Date Nov 9 1908

Place of Burial St Vincent Cemetery

Date November 9th 1908

Undertaker Felix V. Pepe

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPART

Ward 14 C16983 Registered No. B C16983

CERTIFICATE OF DEATH.

1920

(Place of Death.) No. 724 W Lexington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Mary E Thum

{Residence, if in Baltimore, Give Street and Number.} 724 W Lexington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Rommster

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7th 1908 to Nov 8th 1908

that I last saw h alive on Nov 8th 1908

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or ~~Immediate~~.)

Bright's Disease

Had been going on several years (DURATION) 2 DAYS

Contributory (Primary.) Exterma Acute (DURATION) DAYS

(Signed) Shepherd Drain M.D.

Address 301 N Fremont Ave

Date N. 9. 08 1908

Place of Burial Western Cemetery

Date Nov 10 1908

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C C16984

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1113 N. Central Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam J. Frageser

Residence, Give Street and Number, 1113 N. Central Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Jacob Frageser

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Maggie Mueller

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Catherine Frageser

(Address) 1113 N. Central Ave.

Filed 11/9 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 7th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1908 to Nov 7th 1908

that I last saw h[illegible] alive on Nov 6th 1908

and that death occurred, on the date stated above, at 4:20 a M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Apoplexy 5 DAYS

(DURATION)

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address 1801 E. Eager

Date Nov 7th 1908

Place of Burial Holy Redeemer Cemetery

Date Nov 10th 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 16965 C16985

CERTIFICATE OF DEATH.

(Place of Death.) No. 1059 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Sauer

Residence, Give Street and Number, 1059 Harford Ave

Duration of Residence in Baltimore, 60 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: M. Shirtz

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or county): ..... -1

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss. Elizabeth Sauer

(Address) 1059 Harford Ave.

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 7th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 28th 1908 to Nov 7th 1908

that I last saw her alive on Nov 4th 1908

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic nephritis

(DURATION) 3 DAYS

Contributory (Primary) Apoplexy

(DURATION) 4 DAYS

(Signed) Edward M. Carter M. D.

Address 1057 Arlington St

Date Nov 9th 1908

Place of Burial Holy Redeemer Cemetery

Date November 10th 1908

Undertaker Henry Horde & Son

Address 1301 E. Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C16986

Ward 23

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16986

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2 Beverly St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Parks

Residence, Give Street and Number, 2 Beverly pl.

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Female
COLOR	White
DATE OF BIRTH	Jul - 24 - 1893
AGE	15 years, 3 months, - days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Balto
FULL NAME OF FATHER	John H. Parks
BIRTHPLACE OF FATHER (State or county)	Balto
MAIDEN NAME OF MOTHER	Annie McKew
BIRTHPLACE OF MOTHER (State or county)	Balto
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Parks

(Address) 2 E Beverly

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1908 to Nov. 7 1908

that I last saw h.er alive on Nov. 7 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Bronchitis

Heart Failure

(DURATION) 12 hours DAYS

Contributory (Primary) Influenza

(DURATION) about 1 week DAYS

(Signed) Ross P. Schutt M. D.

Address 1315 E. Clark St.

Date Nov 9 1908

Place of Burial New Cathedral

Date Nov 10 1908

Undertaker John J. Fahey & Son

Address 123 E. Fillmore

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death*** of the person deceased.

READ THE LAW PRINTED ON THE MARGIN.

Ward 11 HEALTH DEPARTMENT, City of Baltimore. Registered No. C 16987

CERTIFICATE OF DEATH.

74

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadonia Aulton

Residence, Give Street and Number, Waterbury a a Co Md

Duration of Residence in Baltimore, 8 days.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored.

DATE OF BIRTH: 1

AGE: 46 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~: Married

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Moses Caulk

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Aulton

(Address) Waterbury a. a. Co. Md.

Filed 11/9 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Nov 7 1908

that I last saw h[illegible] alive on Nov 7 1908

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Coma

(DURATION) 1 DAYS

Contributory (Primary) Encephalitis Tumor

about 5 yrs (DURATION) DAYS

(Signed) J W Bird M. D.

Address University Hospital

Date Nov 8 1908

Place of Burial Waterbury a a Co. Md.

Date Nov 10 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 16988 — Registered No. C 16988

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 720 E. Northern St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dawson

Residence, Give Street and Number, 720 E. Northern

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W.

DATE OF BIRTH: Nov. 6 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single.

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Wm E. Dawson.

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Sallie Beatty

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E. Dawson

(Address) 720 E Northern

Filed 11/9 1908 HENRY C. ANDREWS Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to Nov 8 1908

that I last saw her alive on Nov 8 1908

and that death occurred, on the date stated above, at 930 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Delivery.

(DURATION) 2 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) D P Herzog. M. D.

Address 1312 N Fulton Ave

Date Nov 9 1908

Place of Burial Dallo Cemetery.

Date Nov 9/08 1908

Undertaker Woodcock

Address 1026 Northern

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 22

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C16989

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 29 E Hill St. St.

Full Name Clement Fortitta

Residence, Give Street and Number, 29 E Hill St.

Duration of Residence in Baltimore, 29 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	W

DATE OF BIRTH Feb. 27 1846

AGE 62 years, 8 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~. M.

BIRTHPLACE (State or county) Italy -

FULL NAME OF FATHER Philip Fortitta.

BIRTHPLACE OF FATHER (State or county) Italy -

MAIDEN NAME OF MOTHER Mary Fulco

BIRTHPLACE OF MOTHER (State or county) Italy -

OCCUPATION OF DECEASED Fabrer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Fortitta -

(Address) 29 E. Hill St.

Filed 11/9 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 11 — 7 1908

I HEREBY CERTIFY, That I attended deceased from 5-18 1908 to 11-7 1908

that I last saw h im alive on 11-6 1908

and that death occurred, on the date stated above, at 10 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Heart failure -

(DURATION) 20 DAYS

Contributory (Primary) Chronic Brights disease

(DURATION) DAYS

(Signed) S. D'Amico M. D.

Address 1604 Linden Ave

Date 11 — 7 — 1908

Place of Burial Cathedral

Date Nov 1908 190

Undertaker Woodcock

Address 502 E Hartford

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 27

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 16990

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 513 S. Washington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Horney

Residence, Give Street and Number, 513 S. Washington St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH March 13 1884

AGE 24 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Va.

FULL NAME OF FATHER Philip Nash

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Jane Murray

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Horney

(Address) 513 S. Washington St

Filed 11/9 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1908 to Nov. 8 1908

that I last saw her alive on Nov. 7, 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

about 6 Mo (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) 2 Wks DAYS

(Signed) Geo Heller M. D.

Address 1937 Gough St

Date Nov. 8, 1908

Place of Burial Old Methodist Cem

Date Nov 10 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks

READ THE LAW PRINTED ON THE MARGIN. C16991 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C C16991

CERTIFICATE OF DEATH.

120

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Rzeczynski

Residence, Give Street and Number, 1617 Cuba St.

Duration of Residence in Baltimore, 14 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Russia Poland

FULL NAME OF FATHER Don't Know.

BIRTHPLACE OF FATHER (State or county) .. ..

MAIDEN NAME OF MOTHER .. ..

BIRTHPLACE OF MOTHER (State or county) .. ..

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Pszmeski.

(Address) 523 S. Bethel St

Filed 11/9 1908 HARRY C. ANDREE, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 8 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ ~~190~~ to ~~190~~

~~that I last saw h~~ alive on ~~190~~

and that death occurred, on the date stated above, at 5-30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W. T. Ruby Coroner M. D.

Address 1639 Broadway

Date Nov 8 1908

Place of Burial Holy Rosary.

Date Tuesday Nov 10 1908

Undertaker M. F. Sudowski.

Address 703 S. Conn St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C16992

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

92

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C16992

City of Baltimore, (No. 402, Druid Hill Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edna May Simpson.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 29 1906 (Month) (Day) (Year)
AGE	2 years, 3 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Chas. Simpson
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Simpson
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Simpson

(Address) 402 Druid Hill Ave.

Filed 11/9 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov. 8 1908 that I last saw her alive on Nov 8 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Broncho- Pneumonea.

(DURATION) 6 DAYS

Contributory —

(DURATION) DAYS

(Signed) H. G. Harryman, M. D.

11/8 1908 (Address) 1512 E. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 9 1908
UNDERTAKER	ADDRESS
Robt T Turner	1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C16993 Registered No. B C16993

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2242 Cambridge St. — St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Maggie Daniel

{ Residence, if in Baltimore, Give Street and Number. } 2242 Cambridge

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 2 years, 2 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Daniel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Daniel

(Address) 2242 Cambridge St.

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1908 to Nov. 9 1908

that I last saw h[illegible] alive on [illegible] 1908

and that death occurred, on the date stated above, at 5.41 a. m. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

4

(DURATION) DAYS

Contributory (Primary) Cerebral Paralysis

(DURATION) DAYS

(Signed) Chas A Meer M.D.

Address 619 Park Ave

Date Nov. 9. 08 1908

Place of Burial St. Mary's Cem. Frapp Rd

Date Nov. 11" 1908

Undertaker Wendell Siefert Bro.

Address 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C16994 Registered No. B C16994

CERTIFICATE OF DEATH. 17

(Place of Death.) No. 833 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emory Seasure

{ Residence, if in Baltimore, Give Street and Number. } 833 N. Wolfe.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: December 4 1864

AGE: 43 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emory Seasure

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Catherine McGowan

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Decorator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Seasure

(Address) 833 N. Wolfe

Filed 11/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1906 to Nov. 7 1908 that I last saw him alive on Nov. 6 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

2 hrs. (DURATION) DAYS

(Signed) H. Wolfsadden. M.D.

Address 2631 York Rd.

Date Nov. 7-1908 1908

Place of Burial Holy Redeemer

Date Nov. 10" 1908

Undertaker Geo M. Frank

Address 811 N. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

175

CERTIFICATE OF DEATH. C16995

Registered No. B.....

City of Baltimore, (No. 1510 Eutaw Pl. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Ambach

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Paul Ambach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Etta Rosenbaum

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

Date of Marriage Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Ambach

(Address) 1510 Eutaw Place

Filed Nov 10 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 8 1908 (Month) (Day) (Year)

Coroner's Dist.

I HEREBY CERTIFY, That I attended deceased from ..... 190 2 to Nov 190 8

that I last saw h.. alive on Nov 8 190 8,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Cardiac asthenia
Carbolic acid poisoning
taken by mistake for
ammonia Sol Ammon (DURATION) 2 DAYS
Contributory Angina Pectoris
& F.S. (DURATION) ..... DAYS

(Signed) Harry Adler M. D.

Nov 8 190 8 (Address) 1804 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balt Hebrew Cem — DATE OF BURIAL: Nov 10 1908

UNDERTAKER: Hart & Sondheim — ADDRESS: 923 Madison Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C 46996

CERTIFICATE OF DEATH.

(Place of Death.) No. 1804 Thomas Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olga L. Yatemann

Residence, Give Street and Number, 1804 Thomas Av

Duration of Residence in Baltimore, 5 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: married

BIRTHPLACE (State or county): New York

FULL NAME OF FATHER: Berthold Zumstey

BIRTHPLACE OF FATHER (State or county): Switzerland

MAIDEN NAME OF MOTHER: Bertha Sulodra

BIRTHPLACE OF MOTHER (State or county): Switzerland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Berthold Zumstey

(Address) 1804 Thomas Av

Filed

Nov 10' 1908 HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov. 9 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Nov 9 1908

that I last saw her alive on Nov 9 1908

and that death occurred, on the date stated above, at 1.15 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Chronic Endocarditis (Mitral Stenosis & Regurg.)

Chronic Pulmon Tuberculosis

Chronic Enteritis (Tuber?) DURATION: 2 months about

Contributory (Primary) Cerebral Embolism DURATION: several hours ~~DAYS~~

(Signed) G. Carroll Lockard M. D.

Address 1631 W Lafayette Ave

Date Nov. 9 1908

Place of Burial Brooklyn. NY

Date Nov 9/08 1908

Undertaker Wm Cook

Address 502 E. Monument Av.

Remarks .....

Ward ..... C16997 Registered No. B C16997

CERTIFICATE OF DEATH.

138

(Place of Death.) No. 719 N. Fremont av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah D. Gibbons

{Residence, if in Baltimore, Give Street and Number.} 719 N. Fremont av

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 24th 1874

AGE 34 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John L. Patterson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Victoria Lull

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carlton Gibbons

(Address) 719 N. Fremont Ave.

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov 8 1908 that I last saw h[er] alive on Nov 8 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate

Puerperal Eclampsia

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Albert F. Cooney M.D.

Address 1412 Mt Royal av

Date Nov 8 1908

Place of Burial Loudon Park Cemetery

Date Nov 10th 1908

Undertaker Williams & Son

Address 1723 W Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 19 C16998 Registered No. B C16998

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 1531 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celia R Barrington

{Residence, if in Baltimore, Give Street and Number.} 1531 Edmondson Ave

Duration of Residence in Baltimore. Fifty five years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Philadelphia

FULL NAME OF FATHER Jno Furgis

BIRTHPLACE OF FATHER (State or country) Eng Land

MAIDEN NAME OF MOTHER Ann Haman

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R L Barrington

(Address) 1531 Edmondson Ave

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Nov 7 1908 that I last saw her alive on Nov 6 1908, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) 37 DAYS

Con'tributory (Primary.) Stomach & liver trouble

(DURATION) 37 DAYS

(Signed) R L Whittington M.D.

Address 1327 N Fayette St

Date Balto Nov 9 1908

Place of Burial Greenmount

Date Nov 10 1908

Undertaker W J Tuckey & Son

Address Caroline & Eden Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C16999 Registered No. B C16999

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 N Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm R Brockschmidt 79

{ Residence, if in Baltimore, Give Street and Number. } 218 N Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 14th 1867

AGE: 41 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Henry Brockschmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Coach Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Brockschmidt

(Address) 218 N Chapel

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1908

I HEREBY CERTIFY, That I attended deceased from August 1908 to Nov 8 1908 that I last saw h wife alive on Nov 8 1908, and that death occurred, on the date stated above, at 4-05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

(DURATION) 3 mo DAYS

Contributory (Primary) Broken Compensation

(DURATION) 7 DAYS

(Signed) J E Bladen M.D.

Address 1143 N Broadway

Date Nov. 8 1908

Place of Burial Holy Redeemer Cem

Date 11/11/08 1908

Undertaker Henry & Son

Address 1008 Allendale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C17000

City of Baltimore, (No. 504 S. Ann St.; 2 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bristina Garmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 27 1838 (Month) (Day) (Year)

AGE: 66 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Garmer

(Address) 504 S Ann St

Filed 11/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 9' 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 11' 1908 to Nov. 8' 1908

that I last saw her alive on Nov 8' 1908,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Nephritis

Cardiac Exhaustion (DURATION) — DAYS

Contributory (DURATION) — DAYS

(Signed) John Rod M. D.

1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetary

DATE OF BURIAL: Nov 9' 1908

UNDERTAKER: Leonard Ritz, Jr

ADDRESS: 2336 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE BACK HEREOF.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — Registered No. C 17001 (C17001)

CERTIFICATE OF DEATH.

(Place of Death.) No. 1192 N Wolf St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henry Vanrossen

Residence, Give Street and Number, 119 N Wolf St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: March 29 1846

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: James Vanrossen

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Amand Fowler

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Paul

(Address) 1703 E Chase St

Filed 11/10 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov 8 / 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Nov 8 / 1908

that I last saw h[im] alive on Nov 7 / 1908

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis

Father illness (DURATION) 14 DAYS

Contributory (Primary) Asthenia (DURATION) 7 DAYS

(Signed) A. T. Roider M. D.

Address 1904 E. Fayette St

Date Nov 9 / 1908

Place of Burial Baltimore

Date Nov 10 1908

Undertaker Rolff & Zimmer

Address 1442 N Broadway

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C17002 Registered No. B C17002

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 N Wolfe St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Clinton Gilmore Easterfield

{Residence, if in Baltimore, Give Street and Number.} 607 N Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: June 19 1873

AGE: 35 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore md

FULL NAME OF FATHER: Geo E Easterfield

BIRTHPLACE OF FATHER (State or country): Baltimore md

MAIDEN NAME OF MOTHER: Sarah E Wright

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E Easterfield

(Address) 607 N Wolfe St

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7 1908 to Nov 8 1908

that I last saw he alive on Nov 7 1908 8 30

and that death occurred, on the date stated above, at 10 — A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

J (DURATION) 28 DAYS

Contributory (Primary) Endocarditis

(DURATION) DAYS

(Signed) W S Gilmore M.D.

Address 173 E Lanvale St

Date Nov 8 1908

Place of Burial Baltimore Cemetery Co

Date Nov 11 1908

Undertaker Robt Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C17003 Registered No. B C17003

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 120 Roseland St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary E Pyles

{ Residence, if in Baltimore, Give Street and Number. } 120 Roseland St.

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 25 1883

AGE 25 years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Essex Co, Virginia

FULL NAME OF FATHER Robt. P. Brooks

BIRTHPLACE OF FATHER (State or country) Essex Co, Virginia

MAIDEN NAME OF MOTHER Henrietta Forakers

BIRTHPLACE OF MOTHER (State or country) Essex Co. Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. R. P. Brooks

(Address) 120 Roseland St.

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1908

I HEREBY CERTIFY, That I attended deceased from July 3 1908 to Nov. 8 1908 that I last saw h.. alive on Nov 8 1908 and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis - (Lungs)

Several months (DURATION) ... DAYS

Contributory (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S. Sharp St.

Date Nov. 8 1908

Place of Burial Cedar Hill

Date Nov 12th 1908

Undertaker Jos. Stumbelick

Address 318 Light Str.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN C17004

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C C17004

CERTIFICATE OF DEATH.

(Place of Death.) No. 730 E Fork Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hopkins

Residence, Give Street and Number, 730 E Fork Ave

Duration of Residence in Baltimore, lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
female	white

DATE OF BIRTH March 15 1901

AGE 7 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER William Thompson

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Nellie J. Dungan

BIRTHPLACE OF MOTHER (State or county) Wheeling W. Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hiram Hockersmith

(Address) 730 E Fork Ave

Filed 11/10 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Nov. 7 1908

that I last saw her alive on Nov. 7 1908

and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid fever

(DURATION) abt 10 DAYS

Contributory (Primary) Heart failure

(DURATION) 1 hour DAYS

(Signed) Robt C. A. Schmidt M. D.

Address 1318 E. Chase St.

Date Nov. 9 1908

Place of Burial Cedar Hill

Date Nov 10th 1908

Undertaker Jos. Stumtebeck

Address 1318 Light St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 017005

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm A Anders

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH March 12 1830

AGE 78 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Wm. Anders

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Mary Kolb

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/10 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 9 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 28 190 8 to Nov 9 190 8

that I last saw h im alive on Nov 9 190 8

and that death occurred, on the date stated above, at 3 40 A M. CAUSE OF DEATH (Secondary or Immediate,)

E Chamberlain

(DURATION) — DAYS

Contributory (Primary) Pneumonia

Nephritis (DURATION) DAYS

(Signed) W W Eshleman M. D.

Address Bay View Hospital

Date Nov 9 190 8

Place of Burial Oak Lawn Com

Date Nov. 11 1908

Undertaker HENRY SAUDER & SONS,

Address S. E. Cor Broadway & Balto St.
and 1703-1710 Clinton Avenue

Remarks .....

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 4 X

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17006

CERTIFICATE OF DEATH.

28

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer Trogler

Residence, Give Street and Number, Mercersburg Pa.

Duration of Residence in Baltimore, 1 Day

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: September 1878

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married.

BIRTHPLACE (State or county): Pennsylvania

FULL NAME OF FATHER: William Trogler

BIRTHPLACE OF FATHER (State or county): Penn.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. S. Daniels

(Address) Harrisonville Pa.

Filed

190 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 9 190 8 to Nov. 10 190 8

that I last saw h[er] alive on Nov. 10 190 8

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Hydrophobia

(DURATION) DAYS

(Signed) Wm. Schmidt M. D.

Address City Hospital

Date Nov. 10 1908

Place of Burial Mercersburg, Franklin Co. Pa.

Date November 10" 1908

Undertaker Henry W. Meese and Son

Address 805 N. Calvert St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C17007 Registered No. B C17007

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1744 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. Heiss

{Residence, if in Baltimore, Give Street and Number.} 27 Year 1744 Lancaster St 27 Year

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 6th 1861

AGE 47 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Wm Antonie

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Heiss

(Address) 1744 Lancaster St.

Filed 11/10 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1908 to Nov. 9 1908 that I last saw h alive on Nov. 6, 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date Nov. 9, 1908.

Place of Burial St. Evangelical Cem.

Date Nov. 10 1908

Undertaker HENRY SAUER & SONS, S. E. Cor. Broadway & Baltimore Sts and 1708-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C17008 — Registered No. B C17008

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 1825 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence V. French

{Residence, if in Baltimore, Give Street and Number.} 1825 E. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH March 16 1886

AGE 22 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert A Ilgenfritz

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Georgia M Rutter

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robert A Ilgenfritz

(Address) 26 S. Washington St

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Nov 9 1908 that I last saw her alive on Nov 9 1908 and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Septicaemia

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) A. G. Eisenberg M.D.

Address 2213 Orleans St

Date Nov. 9. 1908

Place of Burial Oak Lawn Cem

Date Nov. 11 1908

Undertaker H. Standard & Son

Address 170 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17009 C17009

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1505 Mt Royal St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth B. Reese

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 12 (Month) (Day) 1908 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Percy Reese Jr

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Irene Boyd

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Percy Reese Jr.

(Address) 1505 Mt Royal ave.

Filed 11/10 1908 HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 9. (Month) (Day) 1908. (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1908 to Nov. 9. 1908 that I last saw h er alive on Nov. 9. 1908, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Inanition from (Chronic) Vomiting.

(DURATION) Some months DAYS

Contributory Injury at Birth

(DURATION) DAYS

(Signed) Alfred Manolatos, M. D.

Nov. 9 1908 (Address) 921 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Nov. 10 1908

UNDERTAKER: Wm Cook ADDRESS: 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17010 Registered No. B C17010

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladys Wilson

{Residence, if in Baltimore, Give Street and Number.} 204 N Bruce St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR Black

DATE OF BIRTH Aug 8 1906

AGE 2 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry Wilson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary L. Wilson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L. Wilson

(Address) 204 N Bruce

Filed 11/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8 1908 to Nov 9 1908 that I last saw h[illegible] alive on Nov 8 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. W. Slater M.D.

Address 1701 E. Fayette St

Date Nov 9 1908

Place of Burial Mt Olivet

Date Nov the 11th 1908

Undertaker A. Frueh & Friedman

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C17011 Registered No. B C17011

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 437 S. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Dixon.

{Residence, if in Baltimore, Give Street and Number.} 437 S. Mount St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH March 1st 1839

AGE 69 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Abraham Dorsey.

BIRTHPLACE OF FATHER (State or country) Howard Co. Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Howard Co. Md

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Indiana Gray

(Address) 437 S. Mount st.

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1908 to Nov 8th 1908

that I last saw h[illegible] alive on Nov 8th 1908,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma (DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Leick M.D.

Address 1313 W. North Ave.

Date Nov 9th 1908

Place of Burial Mt Zion

Date Nov the 11th 1908

Undertaker A. I. Freeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C17012

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C17012

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 308 So Broadway St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Ann Roberts

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Aug 1 (Month) (Day) 1857 (Year)

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Capt Isaac Henry Norris

BIRTHPLACE OF FATHER (State or country) Dover England

MAIDEN NAME OF MOTHER Sarah A Morrison

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A Roberts

(Address) 335 East Av

Filed 11/10 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1908 to Nov 9 1908 that I last saw her alive on Nov 9 1908, and that death occurred, on the date stated above, at 11 45 P.M. The CAUSE OF DEATH was as follows:

Apoplexy (Cerebral)

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C J Farrace M. D.

Nov 9 1908 (Address) 1740 E Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenmount CEMETERY.

DATE OF BURIAL NOV 12 1908

UNDERTAKER H. E. HUGHES.

ADDRESS 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C17013 Registered No. B C17013

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Brighton D St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose Beatrice Hussen

{Residence, if in Baltimore, Give Street and Number.} 1122 Brighton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ....years, 3 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richard Hussen

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Victoria Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Hussen

(Address) 1122 Brighton St

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov 5 1908 to Nov 7 1908

that I last saw h[illegible] alive on Nov 1908

and that death occurred, on the date stated above, at 1030 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis continued

Heard — —

marasmus —

(DURATION) 45 DAYS

Contributory (Primary.) Heart

one month 3 weeks (DURATION) 45 DAYS

(Signed) Dr Gw Kennard M.D.

Address 708 Ensor St

Date Nov 7 1908

Place of Burial Mt Auburn

Date Nov 10 1908

Undertaker Hayes Adams

Address 1106 Pine ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C17014

City of Baltimore, (No. 404 Pearl St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give Its NAME Instead of street and number.]

FULL NAME Lizzie Jessie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, [illegible] months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Frank Jessie

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lizzie Dungee

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Frank Jessie

(Address) 404 Pierce St

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1908 to Nov 9 1908

that I last saw h er alive on Nov 8 1908,

and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Lobular Pneumonia

(DURATION) 4 DAYS

Contributory Asthenia

(DURATION) ..... DAYS

(Signed) Wm E. Burrows M. D.

Nov 9 1908 (Address) 762 Dolphin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Nov 11 1908

UNDERTAKER: Alex Hemsley

ADDRESS: 738 W Baltimore

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C17015 — Registered No. C C17015

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Josephine Silverman

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F — COLOR W.

DATE OF BIRTH Sept. 13 1907

AGE 1 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or couuty) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy Asy

(Address)

Filed 11/10 1908

[illegible] C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 7 1908 that I last saw h in alive on Nov 7 1908 and that death occurred, on the date stated above, at 5 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Nov 8 1908

Place of Burial New Cathedral

Date Nov 9 1908

Undertaker Martin Fraley & Sons.

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17016 Registered No. C C17016

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St Vincents Infant Asy. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Creese

Residence, Give Street and Number, St Vincents Inf Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address) .....

Filed 11/10 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 8 190 8

I HEREBY CERTIFY, That I attended deceased from Nov. 1 190 8 to Nov 7 190 8

that I last saw h alive on " " 190 8

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Nov. 9 190 8

Place of Burial New Cathedral

Date Nov. 10 190 8

Undertaker Martin Baker & Sons

Address 606 Lafayette Ave

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17017 Registered No. C C17017

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Rawley

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/10 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 1908 to Nov 7 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) ..... M. D.

Address John C. Manning St Vincents Infant Asylum

Date Nov 8 1908

Place of Burial New Cathedral

Date Nov 10 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C 17018

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1842 Lanman St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Young

Residence, Give Street and Number, 1842 Lanman St.

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored.

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Maryland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) — —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) — —

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie M. Dennis

(Address) 1332 Presstman

Filed 11/10 190 8

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 8 190 8.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

General Dropsy

(DURATION) ..... DAYS

Contributory (Primary) Heart Disease

(DURATION) ..... DAYS

(Signed) Lear Baetzman M. D.

Address 701 N. Eaf Ave (Corner)

Date Nov. 8 190 8.

Place of Burial Mt Zion ✓

Date November 10 190 8

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C17019 Registered No. B C17019

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1603 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evaline Queen

{Residence, if in Baltimore, Give Street and Number.} 1603 Etting St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Edward Queen

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Handy

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1603 Etting St

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 28 1907 to Nov. 8 1908

that I last saw her alive on Nov. 7 1908,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Samuel A. Bain M.D.

Address c/o W. Biddle

Date Nov 9th 1908

Place of Burial St Peters Cemetery

Date Nov 10th 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C17020 Registered No. B C17020

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 2509 W. Baltimore St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John Wesley Gorman

{ Residence, if in Baltimore, Give Street and Number. } 2509 W. Baltimore St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 11, 1842

AGE 66 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joseph Gorman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A. Lauder

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E. Gorman

(Address) 2509 W. Baltimore St

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8th 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 8th 1908 to Nov. 8th 1908.

that I last saw him alive on Nov 8th 1908.,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure -

Asphyxia -

(DURATION) 1 DAYS

Contributory (Primary) General debility Duration about 3 months

Angina Pectoris (DURATION) 1 DAYS

(Signed) E. Gideon Miller M.D.

Address 2435 Edmondson Av

Date November 9th 1908.

Place of Burial Mt. Olivet Cemetery

Date Nov 11. 1908

Undertaker Select & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C17021 Registered No. B C17021

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dr Mark Perry

{ Residence, if in Baltimore, Give Street and Number. } Richwood W. Va.

Duration of Residence in Baltimore. None

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 36 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) West Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B. Perry

(Address) Ford Spring W. Va

Filed

190 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 9 1908

I HEREBY CERTIFY, That I attended deceased from October 20 1908 to November 9 1908

that I last saw him alive on November 9 1908,

and that death occurred, on the date stated above, at 11.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Pleurisy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Eversbusch M.D.

Address Johns Hopkins Hospital

Date November 9 1908

Place of Burial Ford Spring W. Va

Date Nov 10 1908

Undertaker Heldt & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C17022 Registered No. B C17022

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 642 N. Saratoga St (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mary Mooney

{Residence, if in Baltimore, Give Street and Number.} 642 N Saratoga St

Duration of Residence in Baltimore. 56 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 57 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER ——

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Mooney

(Address) Beanfield Md

Filed 11/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1908

I HEREBY CERTIFY, That I attended deceased from as corner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date atated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick Martin M.D.

Address Corner

Date Nov 10 1908

Place of Burial Cathedral cemetery

Date Nov 11 1908

Undertaker John J Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17023 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17023

Ward 4

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 700 W Lombard St. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis Budrevicziz

Residence, Give Street and Number, 700 W Lombard

Duration of Residence in Baltimore, 19 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W

DATE OF BIRTH: 1862

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: M.

BIRTHPLACE (State or county): Russia

FULL NAME OF FATHER: Joseph Budreviczie

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Vocikine

(Address) 119 N. Paca St.

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 9 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Consumption

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) P J Mahoney M. D.

Address Roma

Date Nov 10 1908.

Place of Burial Holy Redeemer

Date Nov 11th 1908

Undertaker John J. Cowan

Address 90, N Illinois St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C17024 Registered No. B 6586

CERTIFICATE OF DEATH.

C17024
93

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Dovey Shuchomb.

{ Residence, if in Baltimore, Give Street and Number. } Boon Ford Mitchell Co North Carolina

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 27 1868

AGE: 40 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER: J. P. Harold

BIRTHPLACE OF FATHER (State or country): South Carolina

MAIDEN NAME OF MOTHER: Mary Thomas

BIRTHPLACE OF MOTHER (State or country): South Carolina

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. John Bowman

(Address) 1259 Riverside Ave.

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6th 1908 to Nov 9th 1908, that I last saw her alive on Nov 9 1908, and that death occurred, on the date stated above, at 6 P.M.

P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Cullen M.D.

Address John Hopkins Hospital

Date November 9 1908

Place of Burial Boon Ford Mitchell Co North Carolina

Date November 10. 1908

Undertaker G. J. Fanning

Address 1930 E La Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17025 Registered No. B C17025

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 S Duncan Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Connelly

{Residence, if in Baltimore, Give Street and Number.} 316 S. Duncan Alley

Duration of Residence in Baltimore. 50 yrs +

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 14 1857

AGE: 50 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Lawrence Connelly

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Ellen Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Oyster tonger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Connelly

(Address) 316 S Duncan alley

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8th 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to Nov 1908 that I last saw him alive on Nov. 1st 1908 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Haemorrhage

10 min. (DURATION) DAYS

Contributory (Primary.) Aneurysm of the Aorta Cerebral Grain. (DURATION) Date

(Signed) Eugene Heppel. M.D.

Address 603 Park Ave

Date Nov. 9 1908

Place of Burial Holy Redeemer

Date Nov. 11th 1908

Undertaker Geo. A. Moran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43

CERTIFICATE OF DEATH.

Registered No. B C17026

City of Baltimore, (No. 1218 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amy McClellan Whitmore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 25 1800 (Month) (Day) (Year)

AGE: 108 years, 9 months, 15 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Kingston Jamaica

FULL NAME OF FATHER: Robert McClellan

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. O. Whitehouse,

(Address) 1218 Mulberry St

Filed 11/10 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 9th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1908 to Nov 9 1908 that I last saw her alive on Nov. 8 1908, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Cancer of Breast

My attendance (DURATION) 116 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Edw. H. Condon M. D.

11/10 1908 (Address) 2112 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: Druid Ridge. DATE OF BURIAL: Nov. 11 1908

UNDERTAKER: Geo. J. Smith & Co ADDRESS: 1005 Gay St.

Ward 9 C17027 Registered No. B C17027

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 1925 Horn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Weber

{Residence, if in Baltimore, Give Street and Number.} 1925 Horn st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 12 1908

AGE — years, 9 months, 27 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ S.

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Christian F. Weber

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Celia Darranger.

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Christian F. Weber

(Address) 1925 Horn st

Filed 11/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 2 - 1908 to Nov. 8 - 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date November 8 - 1908

Place of Burial Baltimore Cemetery

Date Nov 11/08 1908

Undertaker Christian Miller

Address 2330 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

175

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C 017028

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Proctor St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Angie Smith

Residence, Give Street and Number, 1120 Greenmount Ave

Duration of Residence in Baltimore, 42 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1834

AGE 54 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED ~~Nine~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Smith

(Address) 1120 Greenmount Ave.

Filed Nov 11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 10 — 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1:00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis Cerebral Lesion

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo. H. Cummings M. D.

Address 1108 N. Eutaw St

Date Nov. 10 — 1908

Place of Burial New Cathedral.

Date Nov. 12th 1908

Undertaker Wm. H. Gaulbrecht

Address Fifth & Linden Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C17029 Registered No. B C17029

120

CERTIFICATE OF DEATH. Levinson

(Place of Death.) No. Hebrew Hospital Balto Mst. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Levinson

{Residence, if in Baltimore, Give Street and Number.} 1208 E Baltimore St

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 22 years, ——— months, ——— days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Leon Levinson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Schina Kinda Tovar

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Levinson

(Address) 1208 E Baltimore St

Filed Nov 11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov 10 1908 that I last saw h alive on Nov 10 1908, and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (DURATION) 1/2 hr DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) 4 years DAYS

(Signed) L. F. Steindler M.D.

Address Hebrew Hospital

Date November 10 1908

Place of Burial Hebrew Union Row

Date Nov 11 1908

Undertaker May Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 [redacted]

Registered No. B [redacted] 120

CERTIFICATE OF DEATH. C17030

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Place of Death.) No. Hebrew Hospital St. Baltimore Md.

Full Name Moses B. Silverman

{ Residence, if in Baltimore, Give Street and Number. } 908 E. Baltimore St

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Silberman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Levin

(Address) 212 Fairmount Ave

Filed 11/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Nov 9 1908

that I last saw h[illegible] alive on Nov 9 1908

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 20 DAYS

Contributory (Primary.) Hemiplegia

5 years (DURATION) 2 DAYS

(Signed) Edward Layton Jr. M.D.

Address Hebrew Hospital

Date Nov. 10th 1908

Place of Burial Hebrew Cemetery Rus[illegible]

Date Nov. 12, 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore. C17031

Ward 14 — C17031 — Registered No. C

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1603 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Parker

Residence, Give Street and Number, 1603 Etting St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored

DATE OF BIRTH 1

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Manassis Parker

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Michala Ogburn

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1603 Etting St.

Filed 11/11 190 8 HARRY C. ANDERSON PUBLIC CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 10 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Dr. A. Baer M. D.

Address 700 N. Eutaw Ave. (Corner)

Date Nov. 10 190 8.

Place of Burial Asbury

Date Nov 11 190 8

Undertaker R. A. Elliott

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 017032

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 Hellman St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Robinson

Residence, Give Street and Number, 909 Hillman

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored

DATE OF BIRTH July 27 1908

AGE years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Abram Peterson

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Carrie Peterson

BIRTHPLACE OF MOTHER (State or county) North Carolina

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abram Peterson

(Address) 909 Hillman

Filed 11/11 1908

HARRY C. ANDREWS, CITY CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 9 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.05 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Tonsulitis

(DURATION) DAYS

Contributory (Primary) Sinus.

(DURATION) DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date Nov. 9 1908

Place of Burial Laurel Cemetery

Date Nov 11 1908

Undertaker Robert A Elliott

Address 506 Rogers Ave

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C17033 — Registered No. C 17033

CERTIFICATE OF DEATH.

AI

(Place of Death.) No. 1833 E. Biddle St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah F. Fielding

Residence, Give Street and Number, 1833 E. Biddle St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1849

AGE 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Wm Kunn

BIRTHPLACE OF FATHER (State or county) England.

MAIDEN NAME OF MOTHER Wm Kunn

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Fielding

(Address) 1833 E Biddle St

Filed 11/11 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 10, 1908

I HEREBY CERTIFY, That I attended deceased from May 1, 1908 to Nov. 10 1908

that I last saw her alive on Nov. 9, 1908

and that death occurred, on the date stated above, at 1 M.

CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Intestines

(DURATION) One year

Contributory (Primary) Exhaustion

(DURATION) 7 DAYS

(Signed) D Eiley M. D.

Address 707 Cumberland St

Date Nov. 10, 1908

Place of Burial Greenmount Cem

Date Nov 12/08 1908

Undertaker Woodcock

Address 502 E Hatton

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17034

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

34

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17034

City of Baltimore, (No. 629 Jefferson St. (Waverly) St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Gleim

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: July 15 (Month) (Day) 1908 (Year)

AGE: ..... years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Fred Gleim

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Lana V. Folke

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred G. Gleim

(Address) 629 Jefferson St.

Filed 11/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 9 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 5 1908 to Nov. 9 1908 that I last saw h.. alive on Nov 9 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

General tuberculosis

since birth 3 mo. (DURATION) 25 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H. J. Thielbar M. D.

Nov 10 1908 (Address) 811 Garrison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto. Cem. | DATE OF BURIAL: Nov 11 1908

UNDERTAKER: William Cook. | ADDRESS: 502 E Nath Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C17035 — Registered No. B C17035

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 243 S Dallas St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Gunther

{Residence, if in Baltimore, Give Street and Number.} 243 S Dallas St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 24 1859

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New Orleans La

FULL NAME OF FATHER: Jacob Hess

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Gunther

(Address) 243 S Dallas St

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Nov 9 1908 that I last saw h alive on Nov 8 1908, and that death occurred, on the date stated above, at a.m. CAUSE OF DEATH (Secondary or Immediate)

Stomach

(DURATION) 30 DAYS

Contributory (Primary.) Carcinoma of Liver Gall Bladder (DURATION) 6 months DAYS

(Signed) H S Beck M.D.

Address 214 E Preston

Date Nov. 9 1908

Place of Burial Oaklawn

Date November 12 1908

Undertaker Wm Cook

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C17036 Registered No. B C17036

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 2239 Mary Ann St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Michael Baer

{Residence, if in Baltimore, Give Street and Number.} 2239 Mary Ann

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 16-1839

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) C

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F Baer

(Address) 2239 Maryland-st

Filed 11/11 1908 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 8 1908 that I last saw him alive on Nov 8 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Paralysis

(DURATION) 7 DAYS

(Signed) Walter A Coe M.D.

Address 542 Fulton Ave

Date Nov 10 1908

Place of Burial Loudon Park

Date Nov 11 1908

Undertaker Mrs Geo P Paulus

Address 2001 Frederick ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10th C17037 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 N Caroline St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nancy M. Smith

{Residence, if in Baltimore, Give Street and Number.} 1100 N Caroline st

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~M~~ Female | COLOR white

DATE OF BIRTH Nov. 9- 1828

AGE 80 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Jas. Smith

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Agnes Nuvel

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Wm H Tilson

(Address) 1100 N Carolines t

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9. 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1906 to Nov. 9. 1908 that I last saw h 81 alive on " 5 1905, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy (Osseous)

(DURATION) 2 DAYS

Contributory (Primary.) Senility & Heart impingement (DURATION) 4 years DAYS

(Signed) Jn. S. Hartman M.D.

Address 1121 N Caroline St.

Date Nov. 10. 1908

Place of Burial Green Mount

Date Nov 11 — 1908

Undertaker Em Whitehill

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C17038 — Registered No. B C17038

CERTIFICATE OF DEATH.

108

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Stehner

{Residence, if in Baltimore, Give Street and Number.} 2442 E. Monument Str

Duration of Residence in Baltimore. 55 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

~~Or if~~ Age 75 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Barbara Elgert.

(Address) 2001 Canton Ave.

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 9" 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8" 1908 to Nov 9" 1908 that I last saw h~~im~~ alive on Nov 9 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Peritonitis.

Intestinal Obstruction.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Eversinger M.D.

Address John Hopkins Hospital

Date November 10" 1908

Place of Burial Holy Redeemer Cemetery

Date Nov. 12" 1908

Undertaker Henry Horck's Sons

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 7 C17039 Registered No. B C17039

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1639 Abbott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Primus

{ Residence, if in Baltimore, Give Street and Number. } 1639 Abbott st

Duration of Residence in Baltimore. 18 yr's

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: George Hoebel

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Josepha Volicka

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Primus

(Address) 1639 Abbott st

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9. 1908

I HEREBY CERTIFY, That I attended deceased from August 3 1908 to Nov 9 1908 that I last saw h[illegible] alive on 1908, and that death occurred, on the date stated above, at 7. P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

5 month (DURATION) DAYS

Contributory (Primary.)

Cardiac Asthenia (DURATION) DAYS

(Signed) W. J. Rysonet M.D.

Address 2007 Eastland Av

Date Nov 11 1908

Place of Burial Oak Hill

Date Nov. 11 1908

Undertaker Frank Trachian & Son

Address 1904 Eastland av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C17040 Registered No. B C17040

CERTIFICATE OF DEATH.

1

(Place of Death.) No. The John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Kakacek

{ Residence, if in Baltimore, Give Street and Number. } 232 N. Duncan Ally

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Joseph Kakacek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Anna Pechacek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kakacek

(Address) 232 N. Duncan Ally

Filed 11/11 1908 HARRY C. ANDREWS, PENNY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1908 to Nov. 10 1908

that I last saw h alive on Nov 10 1908

and that death occurred, on the date stated above, at 8 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

Perforation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Eversbusch M.D.

Address John Hopkins Hospital

Date Nov 10 1908

Place of Burial Holy Redeemer

Date Nov 13 1908

Undertaker Frank Brack and Son

Address 1904 Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C17041 — Registered No. B C17041

CERTIFICATE OF DEATH.

7

(Place of Death.) No. 742 Pine Street, Balto. Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Manokey (Manokey)

{Residence, if in Baltimore, Give Street and Number.} 742 Pine Street

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Colored

DATE OF BIRTH 1

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles Manokey

BIRTHPLACE OF FATHER (State or country) Annapolis Md

MAIDEN NAME OF MOTHER Mary Booker

BIRTHPLACE OF MOTHER (State or country) Louisa Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Booker

(Address) 742 Pine St

Filed 11/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Nov 8 1908 that I last saw her alive on Nov 6 1908, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute nephritis

(DURATION) 14 DAYS

Contributory (Primary.) Scarlet Fever

(DURATION) 8 weeks

(Signed) Robt Bay M.D.

Address Municipal Hospital

Date Nov 10 1908

Place of Burial Mt Auburn Cemetery

Date Nov 11 1908

Undertaker Geo H Hooper

Address 609 Little Pacific

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17042 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C17042

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 20 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Harnett

Residence, Give Street and Number, 20 N. Mount St.

Duration of Residence in Baltimore, 61 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH 2 1833

AGE 75 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED.~~

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER James P. Egan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Catherine Dillon

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Farrell

(Address) 20 N Mount St

Filed 11/11 190 5

HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 9th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Nov. 9th 1908

that I last saw h~~e~~r alive on Nov. 9th 1908

and that death occurred, on the date stated above, at 6.30 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure, exhaustion, general edema.

(DURATION) 7 DAYS

Contributory (Primary) Aortic & Mitral insufficiency, Arteriosclerosis, (DURATION) — DAYS

(Signed) Chas. Nicholls M. D.

Address 30 N. Fountain Ave.

Date Nov. 10th 1908

Place of Burial New Cathedral

Date Nov 12 1908

Undertaker Fox Bloor

Address 1003 E Balto St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C17043 Registered No. B C17043

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2113 E Preston St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary F. Stivers

{Residence, if in Baltimore, Give Street and Number.} 2113 E Preston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 15 1842

AGE 64 years, 1 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Joel Corell

BIRTHPLACE OF FATHER (State or country) Frederick Co Md

MAIDEN NAME OF MOTHER Mary Duvall

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Henry Stivers

(Address) 2113 E Preston St

Filed 11/11 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1908

I HEREBY CERTIFY, That I attended deceased from November 7th 1908 to November 10th 1908 that I last saw h[er] alive on " " 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia - Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 3 DAYS

(Signed) Albert P. Smigrod M.D.

Address 1503 E. North ave.

Date November 11th 1908

Place of Burial London Park

Date Nov. 13 1908

Undertaker Jos. Bloch

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C.....

C17044

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Hurlin

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR B.

DATE OF BIRTH — 1

AGE 28 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Halfway, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/11 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 9th 1908

I HEREBY CERTIFY, That I attended deceased from March 10 1908 to Nov 9. 1908

that I last saw h Live alive on Nov 9 1908

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

—

(DURATION) DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) DAYS

(Signed) W. W. Eshen M. D.

Address Bay View Hospital

Date Nov 9 1908

Place of Burial COLLEGE OF P. & S

Date NOV 10 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

2 2 1

Ward ..... Registered No. B C17045

C17045

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 718 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo Heffinerd Bullock

{Residence, if in Baltimore, Give Street and Number.} 718 N Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 12 1899

AGE: 8 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas F. Bullock

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Anne E Kapp

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F. Bullock.

(Address) 718 N. Broadway

Filed 11/11 1908 HARRY C. ANDREWS? PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1908 to Nov 10 1908 that I last saw h[illegible] alive on Nov 9th 1908 and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. D. Schwatka M.D.

Address 1003 N. Broadway

Date Nov. 10th 1908

Place of Burial Baltimore Cemetery

Date Nov 12 1908

Undertaker Allen & Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Dr. Schwatka

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 Registered No. B C17046

C17046

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1222 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred R. Stine

{Residence, if in Baltimore, Give Street and Number.} 1222 W. Lombard

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John W. Stine

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mamie V. Play

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

Address 1200 W. Lombard

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Nov. 9 1908 that I last saw h[er] alive on Nov 9 1908, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Thomas Kelson M.D.

Address 1103 N. Fulton Ave

Date Nov. 9 1908

Place of Burial Western

Date Nov 11th 1908

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C17047

B

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C17047

Registered No. B

City of Baltimore, (No. 115 S. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sydney Madden

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — (Month) — (Day) 1836 (Year)

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas Skinner

BIRTHPLACE OF FATHER (State or country) Easton Maryland

MAIDEN NAME OF MOTHER Anie Thomas

BIRTHPLACE OF MOTHER (State or country) Easton Maryland

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Mitchell

(Address) 115 S Dallas st

Filed 11/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 4 1908 to Nov. 9 1908

that I last saw her alive on Nov. 8 1908,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) ... DAYS

Contributory Asthma

(DURATION) ... DAYS

(Signed) G. C. Thieme M. D.

Nov. 9 1908 (Address) 2138 E Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Laurel Cemetery

DATE OF BURIAL Nov 11 1908

UNDERTAKER John W Henderson

ADDRESS 31 N Caroline

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...EALTH DEPARTMENT, City of Baltimore.

Ward 24 C17048 Registered No. B C17048

CERTIFICATE OF DEATH.

(Place of Death.) No. 1739 Jackson Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna R. Autaugh

{Residence, if in Baltimore, Give Street and Number.} 1713 Jackson st- Balto Md

Duration of Residence in Baltimore. 3 yrs -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 2- 1884

AGE: 24 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll co md

FULL NAME OF FATHER: Ernest W Kelly

BIRTHPLACE OF FATHER (State or country): Carrel Co Md

MAIDEN NAME OF MOTHER: Laura Delphey

BIRTHPLACE OF MOTHER (State or country): Carrol Co md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Kelly

(Address) 1739 Jackson st

Filed 11/11 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 9 1908-

I HEREBY CERTIFY, That I attended deceased from Sept- 28 1908 to November 9 1908-

that I last saw her alive on November 9 1908,

and that death occurred, on the date stated above, at 10-40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - Failure of heart & respiration

(DURATION) 5- DAYS

Contributory (Primary.) Typhoid Fever

(relapse) (DURATION) 43 DAYS

(Signed) E. Judson Willis M.D.

Address 2435 Edmondson Av.

Date November 10 1908

Place of Burial union Bridge C.C. Md

Date Nov 11 1908

Undertaker Robt Brooks Olson

Address Calhoun & Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17049 Registered No. B C17049

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1412 Mt Royal av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carlton Gibbons

{Residence, if in Baltimore, Give Street and Number.} 719 N. Fremont av

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 8 1908

AGE: ....years, ...months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Carlton Gibbons

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Sarah D. Apperson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carlton Gibbons

(Address) 719 N. Fremont av

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8 1908 to Nov 11 1908 that I last saw him alive on Nov 11 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions probably due to infection from Mother who died 2 days ago with Puerperal Eclampsia

(DURATION) 2 DAYS

Contributory (Primary.) Premature Birth (7 mos)

(DURATION) DAYS

(Signed) Albert F. Coury M.D.

Address 1412 Mt Royal av

Date Nov 11 1908

Place of Burial Loudon Park Cemetery

Date Nov 12 1908

Undertaker Bertram & Gore

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C17050

Ward 20 C17050 Registered No. B

CERTIFICATE OF DEATH.

61

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Gutowski

{Residence, if in Baltimore, Give Street and Number.} # 1530 Thames Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 3 years, 6 months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jacob Gutowski.

BIRTHPLACE OF FATHER (State or country) Russia Poland.

MAIDEN NAME OF MOTHER Mary Gutowski.

BIRTHPLACE OF MOTHER (State or country) Russia Poland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gutowski.

(Address) 1620 Thames St.

Filed 11/11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Nov 10th 1908 that I last saw her alive on Nov 10th 1908, and that death occurred, on the date stated above, at 12 Noon

11. CAUSE OF DEATH (Secondary or Immediate)

Cerebro spinal meningitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Barnes M.D.

Address Johns Hopkins Hospital

Date November 12th 1908

Place of Burial Holy Rosary.

Date Thursday Nov 12.. 1908

Undertaker M. F. Sadowski.

Address 702 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17051 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17051

Ward 10

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 226 N. Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Foster

Residence, Give Street and Number, U. A County.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR B

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend

(Address) 226 N Dallas St

Filed 11/11 190 8

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 10 190 8

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Carullen M. D.

Address Coroner's Office

Date Nov. 11 — 08 190

Place of Burial Ashbury

Date Nov. 11th 190 8

Undertaker R. F. Eckhardt

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C17052 Registered No. B C17052

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 N Fulton ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Conrad Geiger

{Residence, if in Baltimore, Give Street and Number.} 225 N Fulton ave

Duration of Residence in Baltimore. 68 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 3 1839

AGE 69 years, 6 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Geiger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Shoedealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily C. Geiger

(Address) 225 N. Fulton Ave

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov 10th 1908 that I last saw him alive on Nov 9 1908, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. S. Smith M.D.

Address 1628 W Lexington

Date Nov 10 1908

Place of Burial Baltimore Cemetery

Date Nov. 12 1908

Undertaker Geo J. Smith Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C17053 Registered No. B C17053

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1390 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1390 N Stockton St.

Duration of Residence in Baltimore. 27 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Nathan Dorsey

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgeanna Dorsey

(Address) 1390 Stockton St

Filed 11/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1908 to Nov. 10 1908 that I last saw h alive on Nov. 10 1908, and that death occurred, on the date stated above, at 3:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure 3 d attack since Sunday (DURATION) ... DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 2 DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date Nov. 10 1908

Place of Burial Cathedral Cemetery

Date November 13th 1908

Undertaker Felix B Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17054 Registered No. B C17054

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1411 Brunt Street St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Kate Tasco

{Residence, if in Baltimore, Give Street and Number.} 1411 Brunt St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Queen Anne Co' Md

FULL NAME OF FATHER: Alfred Smith

BIRTHPLACE OF FATHER (State or country): Queen Anne Co Md

MAIDEN NAME OF MOTHER: Matilda Haines

BIRTHPLACE OF MOTHER (State or country): Queen Anne Co Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Stillie Phina Smith

(Address) 1411 Brunt St

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10 — 1908

I HEREBY CERTIFY, That I attended deceased from Sep. 12 1908 to Nov. 10 1908 that I last saw her alive on Nov 10 1908 and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate.) Carcinoma of the Uterus.

One years (DURATION) DAYS

Con'tributory (Primary.) Chronic Exhaustion

Several years (DURATION) — DAYS

(Signed) Edward J. Wheatley M.D.

Address 1231 W. Fayette Ave

Date Nov. 10 1908

Place of Burial Mt Auburn Cemetery

Date November 12 th 1908

Undertaker Felix B Pope

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — C17055 — Registered No. B C17055

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 250 Sycamore Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Arthur C. Dosh

{Residence, if in Baltimore, Give Street and Number.} 250 Sycamore Ave

Duration of Residence in Baltimore. 2 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 5 1907
AGE	1 years, 4 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Paul H Dosh
BIRTHPLACE OF FATHER (State or country)	Pa
MAIDEN NAME OF MOTHER	Belinda M Palmer
BIRTHPLACE OF MOTHER (State or country)	Balto Co Md
OCCUPATION OF DECEASED	Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. C. H Dosh

(Address) 250 Sycamore Ave

Filed 11/11 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1908

I HEREBY CERTIFY, That I attended deceased from Oct 28th 1908 to Nov 9th 1908

that I last saw h alive on Nov. 9th 1908

and that death occurred, on the date stated above, at 4 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Bronchopneumonia

Migratory

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS.

(Signed) Vernon F Kelly M.D.

Address 405 Falls Road

Date Nov 9th 1908

Place of Burial Monkton Md

Date Nov 12 1908

Undertaker A J Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C17056 Registered No. B C17056

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 3037 Remington Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Glendured Stonebraker

{ Residence, if in Baltimore Give Street and Number. } 3037 Remington Av

Duration of Residence in Baltimore. 3 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Nov 2 1885

AGE: 20 years, mont's, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: W. J. Stonebraker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Josephine Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Workman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alban

(Address) 3037 Remington Av

Filed 11/11 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 10 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Nov 10 1908 that I last saw h in alive on Nov 10 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia

(DURATION) DAYS

Con ributory (Primary.) Typhoid Fever 6 weeks

(DURATION) DAYS

(Signed) Harry C. Algire M.D.

Address 340 Roland Ave

Date Nov 11 1908

Place of Burial Mont Freedom Pa

Date Nov 13 1908

Undertaker W S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C17057

Ward 4

C17057 Registered No. B 95

CERTIFICATE OF DEATH.

(Place of Death.) No. 1638 St Joseph St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nina Wiggins

{Residence, if in Baltimore, Give Street and Number.} 1638 St Joseph St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Color

DATE OF BIRTH Sept 1 1907 1

AGE 1 years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Lewis E. Wiggins

BIRTHPLACE OF FATHER (State or country) Lewiston N.C.

MAIDEN NAME OF MOTHER Minnie Hurt

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Wiggins

(Address) 1638 St Joseph St

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Nov 10 1908 that I last saw her alive on Nov 10 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

(DURATION) 1 DAYS

Contributory (Primary.) Teething

(DURATION) DAYS

(Signed) R.P. Cannan M.D.

Address 1701 N. Caroline

Date Nov 11 1908

Place of Burial Laurel

Date Nov 13 1908

Undertaker R. J. Elliott Inc

Address 506 Regent

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

C17058

Registered No. C 17058

CERTIFICATE OF DEATH.

20

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Dale

Residence, Give Street and Number, 503 N Spring St

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR B

DATE OF BIRTH —

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lower Dallyday, BAY VIEW ASYLUM.

(Address)

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6th 1908 to Nov 11th 1908

that I last saw her alive on Nov 11 1908

and that death occurred, on the date stated above, at 12 M

CAUSE OF DEATH (Secondary or Immediate,)

Cystic Epithelioma

(DURATION) — DAYS

Contributory (Primary) Shock

Abscess (DURATION) DAYS

(Signed) W H Eden M. D.

Address Bay View Hospital

Date Nov 11 1908

Place of Burial Laurel

Date Nov 12th 1908

Undertaker R F Eldridge

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C17059 — Registered No. B C17059

CERTIFICATE OF DEATH.

(Place of Death.) No. 1922 Harlem Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emma Elizabeth Hagner

{Residence, if in Baltimore, Give Street and Number.} 749 McHenry St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Feb 26 1853

AGE 55 years, 8 months, 15 days

~~SINGLE, MARRIED~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Thomas Slaut

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma E Hagner

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Slaut

(Address) 1922 Harlem Ave

Filed 11/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to Nov 10 1908 that I last saw h~~er~~ alive on Nov 9 1908, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or immediate)

Apoplexy Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) 6 years

(Signed) Henry Boyd M.D.

Address 6 E Madison St

Date Nov 10 1908

Place of Burial New Cathedral

Date Nov. 13 1908

Undertaker Jos B Cook

Address 1003 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C 17060

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 831 Columbia Av. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. F. Slater

Residence, Give Street and Number, 831 Columbia Av.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Anton Slater

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Henrietta Wartmann

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Slater

(Address) 831 Columbia Av

Filed 11/11 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Nov 10 1908

that I last saw him alive on Nov 8 1908

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate,)

General Debility

(DURATION) 7 DAYS

Contributory (Primary) Paresis of Brain

(DURATION) 2 Yrs DAYS

(Signed) Henry Byrd M. D.

Address 802 Columbia

Date Nov 10 1908

Place of Burial Western Cemetery

Date Nov. 12/08 1908

Undertaker Wm Cook.

Address 502 E. North Av.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C17061

Registered No. B.....

City of Baltimore, (No. 711, S. Milton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Canary.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1887 (Year)

AGE: 21 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Forburg.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Celia Staude

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Canary

(Address) 711 S. Milton Ave

Filed Nov 11 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Nov 9 1908 that I last saw her alive on Nov 9 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Exhaustion (Puerperal) a.s.

..... (DURATION) ..... DAYS

Contributory Pleurisies

..... (DURATION) ..... DAYS

(Signed) Geo T Swaab M. D.

Nov 10 1908 (Address) 125 E. Pond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Secret Haar Com — DATE OF BURIAL: Nov 12 1908

UNDERTAKER: Rott J Turner — ADDRESS: 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. C C17062

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 2109 Christian St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bertie Goudel

Residence, Give Street and Number, 2109, Christian St

Duration of Residence in Baltimore, 5 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH: May 11th 1902

AGE: 6 years, 6 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): England.

FULL NAME OF FATHER: Wolf Goudel.

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Goldrutovis.

BIRTHPLACE OF MOTHER (State or county): Russia.

OCCUPATION OF DECEASED: School Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Goudel

(Address) 2109 Christian st

Filed Nov 12 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1908 to Nov 11 1908

that I last saw h e alive on Nov 11 1908

and that death occurred, on the date stated above, at 11. A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsion

(DURATION) 1 DAYS

Contributory (Primary) Malignant.

Scarlet fever (DURATION) 2 DAYS

(Signed) Howard Kahn M. D.

Address 2027 E Pratt St

Date Nov 11 1908

Place of Burial Hebrew Washington Road

Date Nov 12, 1908

Undertaker Marx Levinson

Address 1120 Mc Elderry st

Remarks: to be Buried Nov 12 - at 9 Oclock A.M.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C17063

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11

CERTIFICATE OF DEATH.

Registered No. B C17063

City of Baltimore. (No. Provident Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roland Curry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gomes H Dennis

(Address) 133 Preston St

Filed 11/12 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 10 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1908 to Nov. 10 1908 that I last saw him alive on Nov. 10 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Mitral insufficiency
Cardiac dilidation

Uraemia ? Sepsis (DURATION) ..... DAYS

Contributory Pulmonary Oedema (DURATION) ..... DAYS

(Signed) Wm. J. Carr. Jr M. D.

Nov. 10 1908 (Address) 416 Mosher St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 509 McMechen St — How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt O Zion — DATE OF BURIAL: Nov 12 1908

UNDERTAKER: Gomes H Dennis — ADDRESS: 133 Preston

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — Registered No. B C17064

C17064

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1611 N Vincent Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Brown

{Residence, if in Baltimore, Give Street and Number.} 1611 Vincent Alley

Duration of Residence in Baltimore. 17 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: ~~Unknown~~

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Barnes

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9. 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 28. 1908 to Nov. 9 1908 that I last saw her alive on Nov. 9 1908, and that death occurred, on the date stated above, at 3:05 P. M. CAUSE OF DEATH (Secondary or immediate)

Cardiac & Respiratory Asthenia 1 (DURATION) DAYS

Contributory (Primary.) Pneumonia Double (DURATION) 17 DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Nov. 10 1908

Place of Burial Mt Olivet

Date Nov 12 1908

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17065

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C17065

City of Baltimore, (No. 1814 Maryland Ave St.; and Yard) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Infant of Mrs. John W. Madison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 27 (Day) 1908 (Year)

AGE: — years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John W. Madison

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sadie Carmel

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Madison

(Address) 1814 Maryland ave

Filed 11/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Nov 11 1908 that I last saw him alive on Nov 11 1908, and that death occurred, on the date stated above, at 5-30 P.M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) 2 DAYS

Contributory Pneumonia (DURATION) DAYS

(Signed) W. H. Fair M. D.

Nov 11 1908 (Address) 12 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Old Methodist	Nov 12 1908
UNDERTAKER	ADDRESS
A F Philbin	17 Arden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C17066 ~~C~~ 170

CERTIFICATE OF DEATH.

(Place of Death.) No. 2003 Pulaski St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Henry Harmon

Residence, Give Street and Number, 2003 Pulaski St

Duration of Residence in Baltimore, 30 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Month Not known 1856

AGE 52 years, ? months, ? days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Accomac Co. Virginia

FULL NAME OF FATHER Littleton Harmon

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Stevens

BIRTHPLACE OF MOTHER (State or county) Cambridge, Md.

OCCUPATION OF DECEASED Oysterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlie Harmon

(Address) 2003 N Pulaski St

Filed 11/12 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 10th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1908 to Nov. 10th 1908

that I last saw h im alive on Nov. 10th 1908

and that death occurred, on the date stated above, at 10 p.m.

M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 3 years DAYS

(Signed) C. C. Hoffman M. D.

Address 2100 W. North ave.

Date Nov. 10th 1908

Place of Burial Baltimore Cemetery

Date Nov 13 1908

Undertaker Josiah Taylor

Address 1600 W North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C 17067

165

CERTIFICATE OF DEATH.

(Place of Death.) No. 2712 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Watkins

Residence, Give Street and Number, 2712 N Charles.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White.

DATE OF BIRTH: 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): West Virginia

FULL NAME OF FATHER: David Creigh

BIRTHPLACE OF FATHER (State or county): West Virginia

MAIDEN NAME OF MOTHER: Mary Strickle

BIRTHPLACE OF MOTHER (State or county): West Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R A Johnson

(Address) 1721 N Gilmor St

Filed 11/12 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 M.

CAUSE OF DEATH (Secondary or Immediate,)

Accident Abrasion of
1. Cervical Vertebrae, resulting
from fall down stairs. DURATION DAYS

Contributory (Primary)
(Pulmonary Tuberculosis.) (DURATION) DAYS

(Signed) Geneva Patterson M. D.

Address 1801 N. Charles

Date Nov 12 1908

Place of Burial Lewisburg W. Va.

Date Nov 12/08 190

Undertaker William Todd

Address 2212 E. Fayette

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C 017068

CERTIFICATE OF DEATH.

(Place of Death.) No. 2023 N. Pulaski St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Charlotte L. Uhlig.

Residence, Give Street and Number, 2023 N Pulaski

Duration of Residence in Baltimore, 1 24 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: May 13 1880

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Richard Uhlig

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Marie Eichler

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Uhlig

(Address) 2023 N. Pulaski

Filed 11/12 1908

HENRY C. ANDRESS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 10th 1908

I HEREBY CERTIFY, That I attended deceased from March 1908 to Nov 10th 1908

that I last saw h-er alive on Nov 9 1908

and that death occurred, on the date stated above, at 2.25 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage.

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) several yrs

(Signed) Eugene Leopold M. D.

Address 803 Park Ave.

Date 190

Place of Burial Loudon

Date Nov 13/1908 190

Undertaker Wm Cook

Address 506 E Baltimore

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

1908
1
112

Ward 19 C17069 Registered No. B C17069

CERTIFICATE OF DEATH.

(Place of Death.) No. 1634 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~H~~ Vincent Posey

{ Residence, if in Baltimore, Give Street and Number. } 1634 W. Fayette

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Wh.

DATE OF BIRTH: Oct 1 1901

AGE: 7 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Clarence Posey

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mamie Bay-

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Posey

(Address) 1634 W. Fayette St.

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1908 to Nov. 11 1908 that I last saw him alive on Nov. 11 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria Laryngeal

(DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) Frank E. Wagner M.D.

Address 914 Edmondson Av

Date 11/11/08 1908

Place of Burial Cathedral Cem

Date Nov. 12 1908

Undertaker Wm Cook

Address 502 E. North Av

1 P. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C1707.0

Ward 7X

C1707.0 Registered No. B

CERTIFICATE OF DEATH.

64

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Israel Shue

{ Residence, if in Baltimore, Give Street and Number. } Freeland Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Penn

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. W. Miller

(Address) Glenville Pa.

Filed

190 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1907

I HEREBY CERTIFY, That I attended deceased from Nov 6 1907 to Nov 10 " 1907

that I last saw h~~im~~ alive on Nov 10 " 1907,

and that death occurred, on the date stated above, at 10.05 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Fuerbringer M.D.

Address Johns Hopkins Hospital

Date Nov 1907

Place of Burial Broad Beck Pa

Date Nov 12 1907

Undertaker Albert E. Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW ON THIS SUBJECT CAREFULLY.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C17071 Registered No. C 17071

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Gough St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Wyglendowska

Residence, Give Street and Number, 1612 Gough St

Duration of Residence in Baltimore, 18 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): German Poland

FULL NAME OF FATHER: Mathew Polcenski

BIRTHPLACE OF FATHER (State or county): German Poland.

MAIDEN NAME OF MOTHER: Anna Joyce.

BIRTHPLACE OF MOTHER (State or county): German Poland.

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Polcenski

(Address) 1612 Gought St

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct 23 1908 to Nov 11 1908

that I last saw her alive on Nov 11 1908

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 19 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. J. Kenlan M. D.

Address 16 S Broadway

Date Nov 11 1908

Place of Burial St Stanislaus

Date Friday Nov 13" 1908

Undertaker W F Sadowski

Address 703 S. Ann St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C17072 Registered No. B C17072

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 619 Columbia Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alonza F. Jones

{Residence, if in Baltimore, Give Street and Number.} 619 Columbia Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 30 1845

AGE 63 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Lewis Jones

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Ann Jackson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louisa Jones

(Address) 619 Columbia Ave

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

R. H. Boyd MD

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2, 1908 to Nov 10 1908 that I last saw h[illegible] alive on Nov 9 1908 and that death occurred, on the date stated above, at 7 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Instant (DURATION) DAYS

Contributory (Primary.) Gripe

(DURATION) 8 DAYS

(Signed) R. Harry Boyd M.D.

Address 602 Columbia

Date Nov 10 1908

Place of Burial Greenmount

Date Nov 12 1908

Undertaker W. J. Ecker & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C17073 Registered No. B C17073

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 923 Elm Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannie Taylor

{Residence, if in Baltimore, Give Street and Number.} 923 Elm Pl.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH September 7. 1908

AGE — years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt. Md.

FULL NAME OF FATHER Thomas Taylor

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Anna Johnson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Taylor

(Address) 923 Elm Pl

Filed 11/12 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11. 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7. 1908 to Nov-11. 1908 that I last saw h er alive on Nov-11 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

2 Lobar Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Klopfer M.D.

Address 901 Myrtle Ave

Date Nov. 11. 1908

Place of Burial Mt Auburn

Date Nov 12 1908

Undertaker Hayes & Adams

Address 1006 Druid ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C17074 Registered No. B C17074

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1317 Sargent St (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name ~~Mary~~ Mabel X Frederick
Mary Mabel Frederick

{ Residence, if in Baltimore, Give Street and Number. } 1317 Sargent 21

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 year, months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Edw. W Frederick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Gamble

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw W Frederick

(Address) 1317 Sargent St

Filed 11/12 1908 HARRY C. ARDAGH, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1908 to Nov. 10 1908

that I last saw h alive on Nov. 8 1908

and that death occurred, on the date stated above, at 12

11. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Hathrisis

(DURATION) DAYS

(Signed) J. C. Lamm M.D.

Address 1302 W. Lombard

Date Nov 11 1908

Place of Burial Cathedral Cem

Date Nov 12 1908

Undertaker Wm J Schilling

Address 9 S. Poplar

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C17075 Registered No. B C17075

CERTIFICATE OF DEATH.

27

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Harden

{ Residence, if in Baltimore, Give Street and Number. } 320 Forrest Street

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 5 years, 11 months, 7 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Nathaniel Harden

BIRTHPLACE OF FATHER (State or country): Dont know

MAIDEN NAME OF MOTHER: Adie Abrander

BIRTHPLACE OF MOTHER (State or country): Montgomery Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Proctor

(Address) 320 Forrest Street

Filed 11/12 1908

JOHNNY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1908

I HEREBY CERTIFY, That I attended deceased from Oct 7" 1908 to Nov 10 1908 that I last saw h~~e~~ alive on Nov 10 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. M. Barnes M.D.

Address John Hopkins Hospital

Date Nov 10 1908

Place of Burial Reisterstown Balto co Md

Date November 13th 1908

Undertaker E. D. Culley & Co

Address Reisterstown Balto co Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C17076 Registered No. B C17076

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1831 W. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Francis Forrester

{Residence, if in Baltimore, Give Street and Number.} 1831 W. North Ave.

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Oct 21st 1823

AGE: 85 years, ~~2~~ 1 months, ~~21~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benjiman F Forrester

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Ruth Elder

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louie Bamm

(Address) 1831 N North Ave

Filed 11/12 1908 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11 1908

I HEREBY CERTIFY, That I attended deceased from May 3, 1907 to Nov 11, 1908 that I last saw him alive on Nov. 11 1908, and that death occurred, on the date stated above, at 1:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis, Hypertrophied Heart (DURATION) years DAYS

Arterio-Sclerosis

(Signed) Rascoe C. Mezes M.D.

Address 1903 N. North Ave.

Date Nov. 11, 1908

Place of Burial Greenmount

Date Nov 13th 1908

Undertaker Graham F. Walker

Address 723 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

C17077

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

40

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17077

City of Baltimore, (No. 2357 N Fountain St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emanuel Wertheimer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feby. (Month) 26 (Day) 1831 (Year)

AGE 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Henry Wilkenner.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Unknown.

OCCUPATION OF DECEASED Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Wertheimer

(Address) 2357 W. North Ave.

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1908 to Nov 10 1908

that I last saw h— alive on Nov 10 1908

and that death occurred, on the date stated above, at 4.30 P.M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

4 mon (DURATION) DAYS

Contributory Cardiac Asthenia

(DURATION) 3 DAYS

(Signed) [illegible] M.D.

Nov 12 1908 (Address) 1920 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto. Hebrew Cem	Nov 13 1908
UNDERTAKER	ADDRESS
J. Ahrens & Co.	1607 Madison Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C17078 — Registered No. B C17078

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 836 Tyson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa McRae

{Residence, if in Baltimore, Give Street and Number.} 310 St. Paul St.

Duration of Residence in Baltimore 22 months

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	January 1st 1907
AGE	1 years, 10 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	William McRae
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md.
MAIDEN NAME OF MOTHER	Lizzie Silghman
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie McRae

(Address) 836 Tyson st.

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 5th 1908 to Nov. 10th 1908 that I last saw her alive on Nov. 7th 1908, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Broncho-pneumonia

(DURATION) 16 DAYS

(Signed) Bertha E. Tapman M.D.

Address 2725 York Road

Date November 10th, 1908

Place of Burial Mt Auburn Cemetery

Date Nov. 12 1908

Undertaker John H Soadim

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17079 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. C 17079

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2038 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Bohagen.

Residence, Give Street and Number, 2038 E Fayette st.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Dec 6" 1846

AGE 62 years, 11 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Patrick Mc. Adams

BIRTHPLACE OF FATHER (State or county) Ireland.

MAIDEN NAME OF MOTHER Catherine Sherry.

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. J. Bohagen

(Address) 2038 E Fayette st

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 10, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1908 to Nov. 10, 1908

that I last saw her alive on Nov. 10 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral hemorrhage causing paralysis.

(DURATION) 1 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) G. G. Rennie M. D.

Address 2000 E. Baltimore st.

Date Nov. 11, 1908

Place of Burial Cathedral Cem

Date Nov. 13" 1908

Undertaker Geo M. Fink

Address 811 N. Wolfe st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C17080 — Registered No. B C17080

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 40

Full Name Isaac Gordon

{ Residence, if in Baltimore, Give Street and Number. } 131 South Caroline Sti

Duration of Residence in Baltimore. 1 Yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Sam. Gordon

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sadie Caplan

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Rag dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Gordon

(Address) 252 N. Caroline St.

Filed 11/12 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 12 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1908 to Nov 12 1908

that I last saw h~~im~~ alive on Nov 12 1908,

and that death occurred, on the date stated above, at 10 17 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date Nov. 1908

Place of Burial Hebrew Herring Run

Date Nov. 12 1908

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17081 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward

Registered No. C C17081

CERTIFICATE OF DEATH.

n

(Place of Death.) No. 2536 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A Schaefer

Residence, Give Street and Number, 2536 Park Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male. COLOR: White.

DATE OF BIRTH: 1

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: August Schaefer

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Schaefer

(Address) 2536 Park Ave

Filed 11/12 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1908 to Nov 11th 1908

that I last saw h Cin alive on Nov 4th 1908

and that death occurred, on the date stated above, at 5'-50 M. CAUSE OF DEATH (Secondary or Immediate,)

Tub. Pulmonalis 1 (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) G. N. Allen M. D.

Address 3200 Hudson

Date Nov 12th 1908

Place of Burial Mt Carmel

Date Nov 13 1908

Undertaker Wm Cook

Address 502 E North

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17082

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C17082

Registered No. B.....

City of Baltimore, (No. 1211 William St.; 24 Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin F. Wamsley

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct. (Month) 3 (Day) 1844 (Year)

AGE: 64 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: George Washington Wamsley

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Martha M. Hess

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Tinner.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bowers

(Address) 1117 Hanover St.

Filed 11/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to Nov 11 1908 that I last saw him alive on Nov 11 1908, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Suffocation from pulmonary edema

(DURATION) 1 DAYS

Contributory Chronic Interstitial Nephritis

& indefinite (DURATION) —— DAYS

(Signed) C. W. Branin M. D.

Nov 12 1908 (Address) 400 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Nov 14 1908
UNDERTAKER	ADDRESS
John J. Fahey & Son	123 William

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C17083 — Registered No. B C17083

15V.

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 N. Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Nellie Nelson

{Residence, if in Baltimore, Give Street and Number.} 622 N. Lombard St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 9th 1908

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/12 1908

HENRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 9th 1908 to Nov 10th 1908 that I last saw him alive on Nov 10th 1908, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

asphyxiation

..... (DURATION) ..... DAYS

Contributory (Primary.) Sub-dural Hemorrhage

..... (DURATION) ..... DAYS

(Signed) Robt P Bay M.D.

Address .....

Date ..... 190...

Place of Burial COLLEGE OF P. & S

Date NOV 12 1908 190...

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C 17084

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josiah M. Ellingsworth

Residence, Give Street and Number, 1600 N. Payson St.

Duration of Residence in Baltimore, 4 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 8th 1879

AGE: 29 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Hugh Ellingsworth

BIRTHPLACE OF FATHER (State or couuty)

MAIDEN NAME OF MOTHER Lucy Williams

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Elevator Constructor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olga Ellingsworth

(Address) 1600 Payson St

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 10 1908.

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h ... alive on ... 190

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Meningitis

(DURATION) 13 DAYS

Contributory (Primary) Accidental fall while working on an elevator (DURATION) ... DAYS

(Signed) Wm. A Balderson M. D.

Address 100 N. Lafayette (Coroner)

Date Nov. 11 1908.

Place of Burial Lorraine Cem

Date Nov 13th 1908

Undertaker Chas E Pennell

Address 746 N Eutaw St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C17085 — Registered No. B C17085

68

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 N. Caroline St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Laura A. Eitel

{Residence, if in Baltimore, Give Street and Number.} 1521 N. Caroline st

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: November 30th 1861

AGE: 46 years, 11 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Frederick Md.

FULL NAME OF FATHER: James Comer

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Lydia A. Harrison

BIRTHPLACE OF MOTHER (State or country): Frederick Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav A Eitel

(Address) 1521 N. Caroline st

Filed 11/12 1908 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Nov 11 1908 that I last saw her alive on Nov 11 1908, and that death occurred, on the date stated above, at 8.19 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia +
Failure of Heart

(DURATION) 24 hours

Contributory (Primary) Stupor from Insanity

(DURATION) 2 weeks

(Signed) R G Davis M.D.

Address 1507 N Caroline st

Date Nov 12 1908

Place of Burial Lorraine Cemetery

Date November 14th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — Registered No. B C17086

C17086

CERTIFICATE OF DEATH. 1

(Place of Death.) No. 2116 Walbrook Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Alice Palmer

{Residence, if in Baltimore, Give Street and Number.} 2116 Walbrook Ave.

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 28th 1889

AGE 19 years, — months, 13 days

SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Harry R. Palmer

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Florence M. Pattison

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Florence Pitzmaurice

(Address) 2116 Walbrook Ave.

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1908.

I HEREBY CERTIFY, That I attended deceased from October 31st 1908 to November 10th 1908

that I last saw h[er] alive on November 10th 1908.

and that death occurred, on the date stated above, at 11 05 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Unemployed

(DURATION) 2 DAYS

Contributory (Primary) Typhoid Fever (DURATION) 3 weeks.

(Signed) Charles H. A. Meyer M.D.

Address 1031 N. Caroline str.

Date Balto. Md. Nov. 11th 1908.

Place of Burial Baltimore Cemetery

Date November 13th 1908.

Undertaker Daniel and Margaret E. Flynn

Address 42 East Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C17087

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

137

CERTIFICATE OF DEATH.

Registered No. BC17087

City of Baltimore, (No. 925 N. Paca St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Sep 10th (Month) (Day) 1824 (Year)

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Elic Nelson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ella Nelson

BIRTHPLACE OF MOTHER (State or country): potomac River

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Nelson

(Address) 925 N. Paca

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Nov 10 1908 that I last saw h er alive on Evening 9 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Peritonitis due to Desiccation, following Outer-birth (DURATION) 14 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Joseph Stark M. D.

Nov 11 1908 (Address) 1907 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion — DATE OF BURIAL: Nov 13th 1908

UNDERTAKER: Thomas E Mosher — ADDRESS: 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same shall be known to the said Physician or Coroner, the name, age, color and sex of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C17088 Registered No. C C17088

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1003 North Charles St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles S. Nicholson

Residence, Give Street and Number, 1003 N. Charles St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 4 1835

AGE: 73 years, 4 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~. Married

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER John Johns Nicholson

BIRTHPLACE OF FATHER (State or county) Baltimore Md.

MAIDEN NAME OF MOTHER Jane Ricketts

BIRTHPLACE OF MOTHER (State or county) Baltimore Md.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emily S. Nicholson

(Address) 1003 N. Charles St.

Filed 11/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 10 1908

I HEREBY CERTIFY, That I attended deceased from 28th Oct 1908 to Nov 10 1908

that I last saw h in alive on Nov 10 1908

and that death occurred, on the date stated above, at 10.30 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Paralysis,

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) 14 DAYS

(Signed) B B Browne M. D.

Address 510 Park Ave

Date Nov 11. 1908

Place of Burial New Cathedral

Date Nov 13th 1908 190

Undertaker Wm Jenkins Son Co

Address 300 No Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C17089 Registered No. C C17089

CERTIFICATE OF DEATH.

123

(Place of Death.) No. 2546 Madison Ave St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Hester A. Hiss.

Residence, Give Street and Number, 2546 Madison Ave

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 8th 1813

AGE: 95 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore County

FULL NAME OF FATHER: Jacob Hiss

BIRTHPLACE OF FATHER (State or county): Dont Know

MAIDEN NAME OF MOTHER: Elizabeth Gatch

BIRTHPLACE OF MOTHER (State or county): Baltimore County

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jacob Hiss

(Address) 2546 Madison Ave

Filed 11/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11 th 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1908 to Nov 10 1908

that I last saw her alive on Nov 10 1908

and that death occurred, on the date stated above, at 6 25 P.M. A.M. CAUSE OF DEATH (Secondary or Immediate,)

Old Age

and Cystitis

1 Month (DURATION) 3 DAYS

Contributory (Primary)

1 Month (DURATION) 3 DAYS

(Signed) Elias E Gaultine M. D.

Address 601 Eator Ave

Date Balto Nov 11 th 1908

Place of Burial Hiss Family Cem Harford Road

Date Nov 14th 1908 ✓ 190

Undertaker Blofelt Kuhn Undr Co

Address 300 W Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17090

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH. C17090

Registered No. B.....

City of Baltimore, (No. 1030 N. Fulton Ave; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A Bauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 12 1849 (Month) (Day) (Year)

AGE 59 years, 4 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Andrew Fultz

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Zopf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Bauer

(Address) 1030 N Fulton

Filed Nov 12 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10, 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1908 to Nov. 10 1908 that I last saw her alive on Nov. 10 1908, and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of the Stomach

(DURATION) 120 DAYS

Contributory Acute Gastritis

(DURATION) 3 DAYS

(Signed) Walter H. Mayhew, M. D.

Nov. 10 1908 (Address) 1718 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Md | DATE OF BURIAL Nov 12 1908

UNDERTAKER W. P. Cushwa & Sons | ADDRESS Camden Place

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. C C17091

CERTIFICATE OF DEATH.

(Place of Death.) No. 429 Forrest St, southwest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretta Schultheis

Residence, Give Street and Number, 429 Forrest St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH October 20th 1908

AGE — years, — months, 23 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Frederick Schultheis

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER ~~Anna~~ Hedderich

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Schultheis

(Address) 429 Forrest St

Filed Nov 12 1908 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to Nov 11 1908

that I last saw her alive on Nov 11 1908

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Injuries at Birth with Instrument (DURATION) DAYS

(Signed) Walter C. Hoff M. D.

Address 542 Fulton Ave

Date Nov 12 1908

Place of Burial London Park Cemetery

Date November 1908

Undertaker F. B. Kaufelt

Address 1 Frederick Av Est'd

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

17092

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 *Registered No.* B 17092

CERTIFICATE OF DEATH.

66

(Place of Death.) *No.* 8 W. Henrietta *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles W. Evans

{ Residence, if in Baltimore, Give Street and Number. } 8 W. Henrietta St

Duration of Residence in Baltimore. 7 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	— — — 1852
AGE	56 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	do not know
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	do not know
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Fisherman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs K. Walters

(Address) 8 W. Henrietta st

Filed Nov 12 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Nov 12 1908 that I last saw h-- alive on 11. 12 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Six Weeks (DURATION) ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. J. Turbington M.D.

Address 1dr E Fort ave

Date Nov 12 1908

Place of Burial Annapolis Md

Date Nov 13 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

C17093

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C17093

Registered No. B.....

City of Baltimore, (No. 5 N. Howard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip Orth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July (Month) 11 (Day) 1846 (Year)

AGE: 62 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Lumber Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh C. Orth

(Address) Brooklyn N. J.

Filed Nov 12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1908 to Nov 11th 1908 that I last saw him alive on Nov 11th 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Edema

(DURATION) 1 DAYS

Contributory Cardiac Dilitation

(DURATION) unknown DAYS

(Signed) William J. Messick M. D.

Nov 11th 1908 (Address) 1606 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Lititz Pa. —

DATE OF BURIAL: Nov 12 1908

UNDERTAKER: E. W. Mitchell

ADDRESS: 1200 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C17094

Ward 14 C 17094 Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Galbaugh

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 39 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Ewel Galbaugh

(Address Piedmont West Va

Filed Nov 13" 1908

HARRY C. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30th 1908 to Nov 12 1908

that I last saw h alive on Nov 12 - 1908,

and that death occurred, on the date stated above, at 11 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brain Tumor

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch, M.D.

Address Johns Hopkins Hospital

Date Nov 12th 1908

Place of Burial Piedmont West Va

Date Nov 13/08 190

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Insert Reg

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 P.W. C17095 Registered No. B C17095

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Guarnsbell Bell

{Residence, if in Baltimore, Give Street and Number.} 922 N. Payson St.

Duration of Residence in Baltimore. 11 mos.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR W
DATE OF BIRTH	1
AGE 1 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Wallis Marshall Bell
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Emma C Franklin
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Bell

(Address) 922 Payson St

Filed 11/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1908 to Nov. 12 1908 that I last saw him alive on Nov. 12 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure
and Exhaustion

(DURATION) 5 DAYS

Contributory (Primary.) Broncho Pneumonia

(DURATION) — DAYS

(Signed) L. R. Leitch M.D.

Address Maryland Homeop. Hosp.

Date Nov. 12 1908

Place of Burial Balto City

Date Nov 13 1908

Undertaker H. E. Hughes.

Address 17 & 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C17096 — Registered No. B C17096

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1709 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Almira F. Rawlings

{ Residence, if in Baltimore, Give Street and Number. } 1704 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE about 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm H. Woodcock

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Mrs Davison

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J M Rawlings

(Address) 1709 N Broadway

Filed 11/13 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct 11 1908 to Nov 11 1908 that I last saw h e alive on Nov 11 1908, and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 30 DAYS

Contributory (Primary.) Glaucoma (DURATION) 1 DAYS

(Signed) Fred'k Carullen M.D.

Address 229 E Baltimore St

Date Nov 12 1908

Place of Burial Mt. Olivet CEMETERY.

Date NOV 14 1908 NOV 14 1908 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C17097 — Registered No. B C17097

CERTIFICATE OF DEATH. 199

(Place of Death.) No. 503 W. Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Eugene H. Werstein

{Residence, if in Baltimore, Give Street and Number.} 503 W. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 9 1908
AGE	years, 7 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	William E. Werstein
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Dora V. Lynn
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Werstein

(Address) 503 W. Lombard st.

Filed 11/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1908

I HEREBY CERTIFY, That I attended deceased from July 20 1908 to Nov 12 1908

that I last saw him alive on Nov 11 1908

and that death occurred, on the date stated above, at 2.45 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) 4 DAYS

(Signed) Howard D Lewis M.D.

Address 423 Hanover st

Date Nov 12 1908

Place of Burial London Park Cemetery

Date Nov 13 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17098 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C17098

CERTIFICATE OF DEATH.

(Place of Death.) No. 518 Orchard St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Chapman

Residence, Give Street and Number, 518 Orchard St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER James Chapman

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Annie Veromen

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Chapman

(Address) 518 Orchard St.

Filed 11/13 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1908 to Nov 11th 1908

that I last saw her alive on Nov 11th 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchial Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Cold.

(DURATION) DAYS

(Signed) Jno. T. McCarthy M. D.

Address 656 W. Franklin St.

Date Nov. 13th 1908

Place of Burial Laurel

Date Nov 13th 1908

Undertaker R. A. Elliott.

Address 501 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C17099 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

C17099

Ward 8 Registered No. C 9r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 N. Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia M. Kries

Residence, Give Street and Number, 1409 N. Collington ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH ..... 1 .....

AGE — years, 18 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Balto. Md

FULL NAME OF FATHER Charles E. Kries

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Ada Murphy

BIRTHPLACE OF MOTHER (State or county) Balto. Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kries

(Address) 1409 N. Collington

Filed 11/13 190 5 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Nov 11 1908 that I last saw her alive on Nov 11 1908 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Broncho-pneumonia.

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) B. P. Herzog M. D.

Address 1601 N. Patterson Park Ave

Date Nov 12 1908

Place of Burial Greenmount Cem

Date Nov. 13th 1908

Undertaker Jas. A. Inman

Address Bank + Aisquith

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C17100 — Registered No. B C17100

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 1525 Lexington Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Davis

{Residence, if in Baltimore, Give Street and Number.} 1525 Lexington Place

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 1857

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert F. George

(Address) 1525 Lexington Place

Filed 11/13 1908 HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 14 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to Nov 1908 that I last saw her alive on Nov 10 14 1908, and that death occurred, on the date stated above, at 6.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions which came on evening of Nov. 8 14.

Duration of last illness 5 weeks. (DURATION) DAYS

Contributory (Primary.) Syphilis

(DURATION) Unknown DAYS

(Signed) L. M. Allen M.D.

Address 814 Park Ave.

Date 11-12 a 1908

Place of Burial Loudon Park

Date Nov - 14 th. 1908

Undertaker Wm. H. Gaulbert

Address Forth & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C17101 Registered No. B C17101

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Sarah and William Lagell.

{Residence, if in Baltimore, Give Street and Number.} #1305 Gough St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Nov 11 1905
AGE	years, months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	1305 Gough St.
FULL NAME OF FATHER	William Lagell.
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Sarah Myers.
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Lagell

(Address) 1305 Gough St

Filed 11/13 1905 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12th 1905

I HEREBY CERTIFY, That I attended deceased from Nov 11 1905 to Nov 12 1905 that I last saw her alive on Nov 12 1905, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Steenbergen M.D.

City Hospital.

Address

Date Nov 13th 1905

Place of Burial Hebrew Rpardale Cemetery

Date Nov. 13, 1905

Undertaker Max Leninson

Address 1620 McElderry St.

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. C17102 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C17102

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 845 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine A. Vessels

Residence, Give Street and Number, 845 Linden ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Color. Am.

DATE OF BIRTH: 1905

AGE: 3 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: Edgar Vessels

BIRTHPLACE OF FATHER (State or county): Essex, Virginia

MAIDEN NAME OF MOTHER: Lucinda Jordan

BIRTHPLACE OF MOTHER (State or county): Lancaster, Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar Vessels

(Address) 845 Linden Ave

Filed 11/13 1908

JOHN C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 11, 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1908. to Nov. 11, 1908.

that I last saw her alive on Nov. 11, 1908.

and that death occurred, on the date stated above, at 8.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Edema (DURATION) DAYS

Contributory (Primary)

Pneumonia (DURATION) 3 DAYS

(Signed) H. Ellis Magruder M. D.

Address 922 Madison Ave.

Date Nov. 12, 1908.

Place of Burial Mt Auburn Cemetery

Date November 13th 1908

Undertaker Felix E. Pyle.

Address 102 E. Mulberry st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward C 17103

Registered No. C 17103

119

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Jackson

Residence, Give Street and Number, 606 Greenmillow St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black.

DATE OF BIRTH: 1

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: Amos Jackson.

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Eliza E Gordon

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Eliza Jackson

(Address) 535 Pierce St

Filed 11/13 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1908 to Nov. 12 1908

that I last saw h im alive on Nov. 12 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary) Acute Nephritis (DURATION) DAYS

(Signed) Wm. Schmitz M. D.

Address City Hospital

Date Nov. 12 1908.

Place of Burial St Peters Cemetery

Date Nov 14th 1908

Undertaker Eccles & Lee.

Address 1126 Fairmount st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17104 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C 17104 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 Jordan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Sephos

Residence, Give Street and Number, 910 Jordan Ct.

Duration of Residence in Baltimore, 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Afric-Am

DATE OF BIRTH 1885

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Ezekiel Smith

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Sarah Brooks

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Smith

(Address) 946 Monument Ave

Filed 11/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 12th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1908 to Nov. 12th 1908

that I last saw her alive on Nov. 12th 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Lobar Pneumonia

(DURATION) 9 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. Lee Ellis M. D.

Address 720 Mod. Ave

Date Nov. 12th, 1908.

Place of Burial Ont Auburn Cemetery

Date November 14th 1908

Undertaker Felix Bique

Address 1126 Eutaw St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 ~~C17104~~ C17105 Registered No. B ~~C17104~~

CERTIFICATE OF DEATH.

C17105

42

(Place of Death.) No. 712 Bradley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Butler

{ Residence, if in Baltimore, Give Street and Number. } 712 Bradley St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ....1....

AGE: 40 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John

BIRTHPLACE OF FATHER (State or country): Lancaster Co Va

MAIDEN NAME OF MOTHER: Grace Carter

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Carrie Alexander

(Address) 712 Bradley st.

Filed 11/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 12th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 St 1908 to Nov 12 1908

that I last saw her alive on Nov 11 St 1908,

and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uterine Cancer

Not Known (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Samuel A Boyd M.D.

Address 619 W Biddle

Date Nov 12 1908

Place of Burial Mt Auburn Cemetery

Date November 15th 1908

Undertaker Felix Bruce

Address 1126 W Fulton st.

WM. J. C. DULANY CO., BALTIMORE.

34

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17106 WRITE PLAINLY WITH [illegible] THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C17106

1 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 149 West Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Llewellyn Miller

Residence, Give Street and Number, 149 W. Saratoga Street

Duration of Residence in Baltimore, about fifty years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Jan-14th 1840

AGE 68 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Alexandria Va

FULL NAME OF FATHER Wm Hartshorne Miller

BIRTHPLACE OF FATHER (State or county) Fairfax Co. Va

MAIDEN NAME OF MOTHER Abby Anne Phillips

BIRTHPLACE OF MOTHER (State or county) Loudon Co. Va

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laurence H. Miller (son)

(Address) 901 Keyser Blg

Filed 11/13 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15" 1908 to Nov 11" 1908

that I last saw h-- alive on Nov 11" 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary oedema

& heart exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Chronic nephritis

& Hemiplegia (DURATION) 30 DAYS

(Signed) Henry B Thomas M. D.

Address 100 E Eutaw St

Date Nov 12" 1908

Place of Burial Greenmount Cemetery

Date November 14" 1908

Undertaker Hy W. Jenkins Sons Co

Address 366 W. Madison St

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C17107 — Registered No. B C17107

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 136 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of John & Mae Dunnock

{Residence, if in Baltimore, Give Street and Number.} 136 S. Ann St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov. 13 1908
AGE	3 hours (years, months, days)
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Dunnock
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Ma Cole
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dunnock

(Address) 136 S. Ann St.

Filed 11/13 1908 — BARRY C. ADAMS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1908

I HEREBY CERTIFY, That I attended deceased from November 13 1908 to November 13 1908 that I last saw her alive on November 13 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic nephritis in mother

Three days (DURATION) DAYS

Con'tributory (Primary.) — (DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2005 E. Baltimore st

Date November 13 1908

Place of Burial Oak Lawn Cemetery

Date Nov. 13th 1908

Undertaker H. Sandy & Son.

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

C17108

HEALTH DEPARTMENT, CITY OF BALTIMORE.

81

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17108

City of Baltimore, (No. 1518, Mc Culloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward H. Geary —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 4 (Day) 1846 (Year)

AGE: 62 years, 5 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Geary

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth V. Irwin

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Solicitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillie O. Bentley

(Address) 1518 McCulloh St

Filed 11/13 1908 HENRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 9 A.M. Nov 12 1908 to 9 P.M. Nov 12 1908

that I last saw him alive on Nov 12 1908,

and that death occurred, on the date stated above, at 9.45 P.M. The CAUSE OF DEATH was as follows:

Cerebral apoplexy —

Rx hemiplegia — (DURATION) 12 hrs

Contributory Arteriosclerosis, (DURATION) Some years

(Signed) Chas. H. Lamed M.D.

Nov 13 1908. (Address) 1327 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 14 1908
UNDERTAKER	ADDRESS
Stewart & Mourn Co	215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C17109

Registered No. C 17109

26

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 Hillman St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Robinson

Residence, Give Street and Number, 909 Hillman

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR B

DATE OF BIRTH ..... 1 .....

AGE 4 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER a Robinson

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER E Lawson

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) a Robinson

(Address) 909 Hillman St

Filed 11/13 1908

HARRY C. ARDENS,
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 12 1908

I HEREBY CERTIFY, That I attended deceased from

~~1908~~ to ~~1908~~

that I last saw h~~e~~ alive on ~~1908~~

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Cong. Syphilis

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Fredk Carruthers M. D.

Address Cor Mass Ave

Date Nov 12-08 1908

Place of Burial Laurel ✓

Date Nov 14th 1908

Undertaker P A Elliott

Address 552 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C17110 Registered No. B C17110

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Myrtle Smith

{Residence, if in Baltimore, Give Street and Number.} 1132 Etting Street

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR Colored

DATE OF BIRTH — 1

AGE 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm H Smith

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Susie Perry

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Smith

(Address) 1132 Etting St

Filed 11/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11th, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 29th 1908 to Nov. 11th 1908

that I last saw her alive on Nov 11th 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Massive Pneumonia

(DURATION) 16 DAYS

Con'tributory (Primary.) Bronchitis

(DURATION) 4 DAYS

(Signed) D. Grantforth M.D.

Address 352 N. Bilddle street

Date Nov. 12th, 1908

Place of Burial Mt Auburn

Date Nov 14. 1908

Undertaker T. F Ellwood

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17111

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17111

City of Baltimore, (No. 307 Forest St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Haines

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Oct (Month) 29 (Day) 1891 (Year)

AGE: 17 years, months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Haines

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rosa Gillage

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Haines

(Address) 307 Forrest St

Filed 11/13 1908

HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov 12 1908

that I last saw him alive on Nov 11 1908,

and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

following Pneumonia (DURATION) 5 weeks DAYS

Contributory Miliary Tuberculosis of Lungs (DURATION) 10 DAYS

(Signed) Wm C. Burns M. D.

Nov 12 1908 (Address) 2218 E Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Zion

DATE OF BURIAL: Nov 14th 1908

UNDERTAKER: R H Elliott

ADDRESS: 206 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C17112 WRITE PLAINLY WITH [illegible] THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C C17112

155

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hoban

Residence, Give Street and Number, Lemmon's Stanford Co. Md.

Duration of Residence in Baltimore, Don't Know

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Not Known

AGE 54 years, — months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Thomas Hoban

BIRTHPLACE OF FATHER (State or county) Ireland.

MAIDEN NAME OF MOTHER Rose Cassidy

BIRTHPLACE OF MOTHER (State or county) Ireland.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Coyne.

(Address) 1608 E. Baltimore St

Filed 11/13 1908

[illegible] G. ADKINS. Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 12 — 1908

I HEREBY CERTIFY, That I attended ~~deceased~~ from about

190 to 190

~~that I last saw h~~ alive on 190

and that death occurred, on the date stated above, at about 5.10 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Carbolic Poisoning —
(Suicide)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. T. Riley Coroner M. D.

Address 1039 Broadway

Date Nov 13 1908

Place of Burial New Cathedral Cem.

Date Nov 14 1908

Undertaker M. S. Grimes - Carroll

Address 1221 Mulliken Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C17113

Ward 17 C17113 Registered No. B

CERTIFICATE OF DEATH.

36

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Cole.

{ Residence, if in Baltimore, Give Street and Number. } 611 Dolphin Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	52 years, months, days
~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~	Widow
BIRTHPLACE (State or country)	Pa ~~Md.~~
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Dress-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W F Ludwig

(Address) 1100 Lafayette ave

Filed 11/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 12 1908

I HEREBY CERTIFY, That I attended deceased from Oct 6" 1908 to Nov 12" 1908

that I last saw h~~im~~ alive on Nov 12" 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-spinal lues

-terminal pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W D Gatch M.D.

Address Johns Hopkins Hospital

Date Nov 12 1908

Place of Burial Shrewsbury York Co Pa

Date Nov 16th 1908

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. C17114 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. C 17114 53

CERTIFICATE OF DEATH.

(Place of Death.) No. 1920 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Zeiler

Residence, Give Street and Number, 1920 E. Fayette St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Oct 12th 1896

AGE 12 years, months, 30 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER George Zeiler

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Mary Hock

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Zeiler

(Address) 1920 E. Fayette St.

Filed 11/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Nov. 10 1908 that I last saw her alive on Nov. 10 1908 and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Extreme emaciation & exhaustion

(DURATION) 8 DAYS

Contributory (Primary) Splenic leukemia

(DURATION) 60 DAYS

(Signed) Pierre G. Dausch M. D.

Address 121 Jackson Square

Date Nov. 12 1908

Place of Burial Holy Redeemer Cemetery

Date Nov. 14th 1908

Undertaker Lilly and Zeiler.

Address 403 S. Wolfe St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17115 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C ~~C17115~~

CERTIFICATE OF DEATH.

(Place of Death.) No. 534 W. Biddle St. 71

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Minnis

Residence, Give Street and Number, 534 W. Biddle St.

Duration of Residence in Baltimore, 30 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Mulatto

DATE OF BIRTH: 1860

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): N. Carolina

FULL NAME OF FATHER: John C. Minnis

BIRTHPLACE OF FATHER (State or county): N. Carolina

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): N. Carolina

OCCUPATION OF DECEASED: Ice Cream Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Minnis

(Address) 534 W. Biddle St.

Filed 11/13 1908 HARRY C. ADAMS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 11, 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1908 to Nov. 11, 1908 that I last saw h[illegible] alive on Nov. 11, 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Aortic Valve Disease DURATION ... DAYS

Contributory (Primary) Arterio-sclerosis DURATION ... DAYS

Occupation

(Signed) [illegible] M. D.

Address 922 Madison Ave.

Date Nov. 12, 1908

Place of Burial Mt. Auburn

Date Nov 14 1908

Undertaker Alex Hennefer

Address 578 N. Bickett St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

C17116 *Registered No. B* C17116

CERTIFICATE OF DEATH.

93

(Place of Death.) *No.* 1511 Montrose *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pearl Barnett

{Residence, if in Baltimore, Give Street and Number.} 1511 Montrose st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH June 27 - 1908

AGE — years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimd

FULL NAME OF FATHER Jno. Barnett

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Martha Tyler

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Barnett

(Address) 1511 Montrose

Filed 11/13 1908

J. O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11 1908 to Nov 12 1908

that I last saw her alive on Nov 11 1908,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

* Pneumonia

one week (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) W. W. Slater M.D.

Address 1203 W Fayette

Date Nov 12 1908

Place of Burial Laurel

Date Nov 14 1908

Undertaker Alfred J. Freeland

Address 106 N Schroeder St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C17117 Registered No. B C17117

118

CERTIFICATE OF DEATH.

(Place of Death.) No. 325 East 22nd. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name (Virginia A. Heaphy)

{Residence, if in Baltimore, Give Street and Number.} 325 East 22d. Street.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 2, 1862

AGE: 46 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Benjamin F. Kerslman

BIRTHPLACE OF FATHER (State or country): Wash. Co, Md.

MAIDEN NAME OF MOTHER: Margaret Costello

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. V. Heaphy.

(Address) 325 E. 22d. St.

Filed 11/13 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 12th 1908

I HEREBY CERTIFY, That I attended deceased from April 3 1908 to Nov. 12th 1908 that I last saw h[illegible] alive on Nov. 11th 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia " following Appendicitis Abscess April 1908

(DURATION) DAYS

Contributory (Primary.) Secondary Abscess frequently formed (DURATION) DAYS

(Signed) Thos. F. McDermitt M.D.

Address 1421 Eutaw Place.

Date Nov. 13th 1908 190

Place of Burial Cathedral Cemetery

Date Nov. 14, 190 8.

Undertaker Henry W. Means 2nd Son

Address 820 W. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C17118 — Registered No. B C17118

45

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital Balto-Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kate Winnberg

{ Residence, if in Baltimore, Give Street and Number. } 1605 N. Montford Ave

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 6th 1868

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Savannah Georgia

FULL NAME OF FATHER: Andrew Lawless

BIRTHPLACE OF FATHER (State or country): Savannah Georgia

MAIDEN NAME OF MOTHER: Mary J. Fairchilds

BIRTHPLACE OF MOTHER (State or country): Bridgeport Conn

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. K. Winnberg

(Address) 1605 N. Montford ave

Filed 11/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1908 to Nov 13 1908 that I last saw her alive on Nov 13 1908, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 3 DAYS

Contributory (Primary.) Carcinoma of Ovary

(DURATION) 240 DAYS

(Signed) Geo. Taylor M.D.

Address Hebrew Hospital

Date Nov. 13th 1908

Place of Burial Baltimore Cemetery

Date November 15th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes within notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 017119

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1414 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Coulter

Residence, Give Street and Number, 1414 N Bond

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR W

DATE OF BIRTH June 16 1867

AGE 41 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Denis McGahan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Winifred Cunningham

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Flannagan

(Address) 1414 N. Bond

Filed Nov 13 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 13 1908

I HEREBY CERTIFY, That I attended deceased from Feb 2 1908 to Nov 12 1908 that I last saw her alive on Nov 12 1908 and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) A W Redmond M. D.

Address 1540 N Broadway

Date Nov 13 1908

Place of Burial New Cathedral

Date Nov 14 1908

Undertaker Robt Turner

Address 1424 Boundary

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17120

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. B C17120

CERTIFICATE OF DEATH. 39

Place of Death.) No. 1265 Riverside Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Matthew Cleaver

{ Residence, if in Baltimore, Give Street and Number. } 1265 Riverside Ave.

Duration of Residence in Baltimore. 9 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH August 15th 1873

AGE 35 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) ~~Harford~~ Howard Co. Md

FULL NAME OF FATHER Daniel Cleaver

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Fisher

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Cleaver Wife

(Address) 1265 Riverside Ave.

Filed Nov 14 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 2d 1908 to Nov 12th 1908 that I last saw him alive on Nov 12th 1908, and that death occurred, on the date stated above, at 2:20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Glioma brain

7 wks ? (DURATION) DAYS

Contributory (Primary.) Cancer of tongue

11 months (DURATION) DAYS

(Signed) G E Buxton M.D.

Address 222 E Cross St

Date Nov 13th 1908

Place of Burial Loudon Hill Cem

Date Nov 14 1908

Undertaker Jno J Gallagher & Son

Address 1232 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C17121 — Registered No. B C17121

CERTIFICATE OF DEATH. 179

(Place of Death.) No. St. Elizabeths Home — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Oeda Johnson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Aug. 3, 1908

AGE ..... years, 3 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred.

(Address) St Elizabeths Home.

Filed 11/14 1908 HARRY O. ... Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 — 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1908 to Nov. 12 1908 that I last saw h[er] alive on Nov. 12, 1908, and that death occurred, on the date stated above, at 8 8 M. CAUSE OF DEATH (Secondary or Immediate)

— Marasmus —

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Nov. 13 1908

Place of Burial Cathedral Cemetery

Date Nov 14th 1908

Undertaker Leslie & Sons

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward C17122 HEALTH DEPARTMENT, City of Baltimore. Registered No. C C17122

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Graves

Residence, Give Street and Number, —

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W.

DATE OF BIRTH —

AGE 47 years, — months, — days 47

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt. BAY VIEW ASYLUM

(Address)

Filed 11/14 190 HARRY G. ANDREWS. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 12 190 8

I HEREBY CERTIFY, That I attended deceased from Aug 26 190 8 to Nov 12 190 8 that I last saw h-- alive on Nov 12 190 8 and that death occurred, on the date stated above, at 6 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Edema

(DURATION) — DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) DAYS

(Signed) W. H. Eden M. D.

Address Bay View Hospital

Date Nov 12 190 8

Place of Burial Sacred Heart

Date NOV 14 1908 190

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17123

17

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C17123

Registered No. B.....

City of Baltimore, (No. 871 Harlem Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry D Brooks

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white

DATE OF BIRTH: Nov (Month) 25 (Day) 1880 (Year)

AGE: 27 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edgar Brooks

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Barbara Bruntz

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J E Willing Jr

(Address) 871 Harlem ave

Filed 11/14 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1905 to Nov 13 1908

that I last saw him alive on Nov 13 1908,

and that death occurred, on the date stated above, at 2.45 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

about 3 years (DURATION) ..... DAYS

Contributory General asthenia

..... (DURATION) ..... DAYS

(Signed) James E Willing Jr M. D.

Nov 13 1908 (Address) 871 Harlem ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	11- 15th 1908
UNDERTAKER: Wm. H. Gawthrop	ADDRESS: 901 W. Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C17124 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 Registered No. C C17124

CERTIFICATE OF DEATH.

86

(Place of Death.) No. 802 S. Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. Porcella

Residence, Give Street and Number, 802 S. Potomac St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH Dec 9. 1

AGE 8 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Anthony Porcella

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Elizabeth Porcella

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Porcella

(Address) 802 Potomac St

Filed 11/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 13th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11th 1908 to Nov. 13th 1908

that I last saw him alive on Nov. 13th 1908

and that death occurred, on the date stated above, at 3 30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Laryngitis

(DURATION) 3 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Wm. H. Johnson M. D.

Address 2017 E. Baltimore St.

Date Nov. 13th 1908

Place of Burial St. Vincents Cem.

Date Nov 15 1908

Undertaker Lowe Cook.

Address 5025 North Av

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C17125

Registered No. C 17125

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 N Glover St St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margret V Sullens

Residence, Give Street and Number, 509 N Glover St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: November 6 1887

AGE: 17 years, — months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Jessie E Sullens

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Anna M Ludwig

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: Candy Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M Sullens

(Address) 509 N Glover St

Filed 11/14 1908

HARRY C. ARDEMS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 10 1908 to Nov. 11 1908

that I last saw her alive on Nov 11 1908

and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Intestinal Hemorrhage

(DURATION) 6 DAYS

Contributory (Primary) Typhoid Fever (DURATION) 35 DAYS

(Signed) J. N. Pearce M. D.

Address 2806 E Balto St

Date Nov. 13 1908

Place of Burial Mt Carmel

Date November 15 1908

Undertaker Von Lasch

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C17126 WRITE PLAINLY WITH UNFADING INK.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C C17126 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Broell

Residence, Give Street and Number, 2432 E. Biddle St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 4 1908

AGE: 8 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Geo Pröll Sr

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Johanna Bälm

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Pröll Sr

(Address) 2432 E. Biddle

Filed 11/14/1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1908 to Nov. 12 1908 that I last saw him alive on Nov. 12 1908 and that death occurred, on the date stated above, at 9.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

(DURATION) DAYS

Contributory (Primary) Terrible fracture of skull-fracture of femur-Compound fracture left tibia (DURATION) DAYS

(Signed) Wm Schmitt M. D.

Address City Hospital

Date Nov. 12 1908.

Place of Burial Western

Date November 15 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks Accidentally Knocked or run over by Engine No 26

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17127

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 17127

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1412 N. Edw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. Jordan

Residence, Give Street and Number, 1412 N Edw St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1858

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Francis Jordan

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Isabella Schenck

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank W Jordan

(Address) 1412 N Edw St.

Filed 11/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: November 12 - 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 4 - 1908 to Nov. 12 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 4.11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M. D.

Address 1219 N. Caroline st.

Date November 13 - 1908

Place of Burial Loudon Park Cemetery

Date Nov 16 190

Undertaker Chas F Cross

Address 116 N. 5th Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C17128 Registered No. B C17128

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 7 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Swisting

{ Residence, if in Baltimore, Give Street and Number. } 7 N. Castle st.

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH October 31st 1908

AGE 0 years, 0 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER John E. Swisting

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Bayer

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Swisting

(Address) 7 N. Castle st.

Filed 11/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11th 1908 to Nov 13th 1908 that I last saw h[illegible] alive on Nov 12th 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Singwald M.D.

Address 5 N. Washington St.

Date Nov 13th 1908

Place of Burial Holy Redeemer

Date Nov. 14 1908

Undertaker Jno. J. Iden

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C17129 Registered No. B C17129

CERTIFICATE OF DEATH. 1

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanche E Durken

{Residence, if in Baltimore, Give Street and Number.} 57 E. Randall St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 23 1883

AGE 25 years, - months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm H Ward

BIRTHPLACE OF FATHER (State or country) Somerset Co Md

MAIDEN NAME OF MOTHER Maria Louisa Bohrunger

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Durken

(Address) 57 E Randall St

Filed 11/14 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 17 1908 to Nov. 12 1908 that I last saw h alive on Nov. 12 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 7 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 31 DAYS

(Signed) Ralph Duffy M.D.

Address Franklin Square Hosp

Date Nov. 12 1908

Place of Burial Mt Olivet

Date Nov. 14 1908

Undertaker J. B. Cook

Address 1003 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C17130 Registered No. B C17130

CERTIFICATE OF DEATH. 13

(Place of Death.) No. 246 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Poole

{ Residence, if in Baltimore, Give Street and Number. } 246 Hickory Ave

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct. 8 1836

AGE: 72 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Joshua Algire

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Rachel Crist

BIRTHPLACE OF MOTHER (State or country): Balto. Co Md

OCCUPATION OF DECEASED: House Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) M. George Poole

(Address) 246 Hickory Ave

Filed 11/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Nov 12 1908

that I last saw h[illegible] alive on Nov 12 1908,

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Cholera Morbus (DURATION) 3 DAYS

(Signed) Harry C. Hynes M.D.

Address 340 Roland Ave

Date Nov 13 1908

Place of Burial St Mary's N

Date Nov 14 1908

Undertaker W. J. Marshall

Address 3839 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C17131 — Registered No. B C17131

CERTIFICATE OF DEATH.

20

(Place of Death.) No. 141 S. Catherine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Ann Monaghan

{Residence, if in Baltimore, Give Street and Number.} 141 S. Catherine St.

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 1863

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Mt. Savage. Md

FULL NAME OF FATHER Murray

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Rose Murray

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Dolan

(Address) 141 S. Catherine St.

Filed 11/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1908 to Nov. 13 1908

that I last saw her alive on Nov. 12 1908

and that death occurred, on the date stated above, at 4.30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 21 DAYS

Contributory (Primary.) Uraemic Coma

(DURATION) 1 DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick ave

Date November 13 1908

Place of Burial Cathedral Cem.

Date Nov 16th 1908

Undertaker John A Cowan

Address 201 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C17132 — Registered No. B C17132

CERTIFICATE OF DEATH.

113

(Place of Death.) No. 1528 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Denmead Broadbent

{Residence, if in Baltimore, Give Street and Number.} 1528 Linden Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: June 26th 1842

AGE: 66 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Adam Denmead

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Broadbent

(Address) 1528 Linden Ave

Filed 11/14 1908 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1908 to Nov 13 1908 that I last saw h[illegible] alive on Nov 12 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gall-stones impacted in Common Duct

(DURATION) 2 DAYS

Contributory (Primary.) Toxaemia from

Jaundice (DURATION) 1 DAYS

(Signed) Julius Friedenwald M.D.

Address 1013 N Charles St

Date November 13 1908

Place of Burial Greenmount

Date Nov 15" 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7X

C17133 Registered No. B C17133

CERTIFICATE OF DEATH.

40

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeannie Coulter

{ Residence, if in Baltimore, Give Street and Number. } Rock Hill S. C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, ~~MARRIED~~, WID~~OWED, OR DIVO~~RCED: Single

BIRTHPLACE (State or country): S. C.

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph F. Nulty

(Address) Rock Hill S. C.

Filed 11/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov 3" 1908 to Nov 13" 1908 that I last saw her alive on Nov 13" 1908, and that death occurred, on the date stated above, at 5 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. H. Richardson M.D.

Address Johns Hopkins Hospital

Date Nov 14" 1908

Place of Burial Rock Hill S. C.

Date Nov 14" 1908

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17134 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17134

Ward 8

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1905 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs L. McKeon

Residence, Give Street and Number, 1905 E Preston

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH July 18 1863

AGE 45 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county) Falls Rd

FULL NAME OF FATHER Patrick McKeon

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Moore

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret McKeon

(Address) 1905 E Preston

Filed 11/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8 1908 to Nov 12 1908

that I last saw him alive on Nov 12 1908

and that death occurred, on the date stated above, at 11.55 A. M. CAUSE OF DEATH (~~Secondary~~ or Immediate,)

Pneumonia

(DURATION) 11 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) B. P. Herzog M. D.

Address 1601 Patterson Pk Ave

Date Nov 13 1908

Place of Burial St. Lucas Cem

Date Nov 16 1908

Undertaker Capt J Turner

Address 1442 N. Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C17135

Ward 6 Registered No. B C17135

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 139 N. Lakewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Smith

{Residence, if in Baltimore, Give Street and Number.} 139 N. Lakewood Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 10/1882

AGE: 26 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John J. Smith

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary M. Lehman

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Smith

(Address) 139 N. Lakewood Ave

Filed Nov. 14 1908 Registrar

rcvd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13/08 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1908 to Nov. 12, 1908 that I last saw h[illegible] alive on Nov 12 1908, and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion (DURATION) DAYS

Contributory (Primary.) Cardiac Exhaustion (DURATION) DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave.

Date Nov. 13, 1908

Place of Burial Baltimore Cemetery

Date Nov 16 1908

Undertaker Christian Fuller

Address 2334 Jefferson St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C17136 Registered No. B C17136

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 8th St. Walbrook St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elmer F. Merriken

{Residence, if in Baltimore, Give Street and Number.} 1905 8th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 29 1888

AGE 20 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER James K Merriken

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Margaret Carr

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Merriken

(Address) 1905 8th St.

Filed Nov 14 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13th 1908

I HEREBY CERTIFY, That I attended deceased from July 19 1908 to Nov. 13th 1908 that I last saw him alive on Nov. 13 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia & Heart following prolonged discharge of pus from incision in right knee.

1 Week (DURATION) DAYS

Contributory (Primary) Typhoid fever followed by Pyothorax (DURATION) 3 mos. DAYS

(Signed) E. E. Smith M.D.

Address 1636 N. North Ave.

Date Nov. 13th 1908

Place of Burial Woodlawn Cemetery

Date Nov 16 1908

Undertaker Wilbur H Shriver

Address 816 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17137

HEALTH DEPARTMENT, City of Baltimore.

C17137

Ward 17

Registered No. B 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 2304 Hunters Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hilery Bolden

{Residence, if in Baltimore, Give Street and Number.} 2304 Hunters place

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Josephine Bolden

(Address) 2304 Hunters Place

Filed Nov 14 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to Nov 12 1908 that I last saw h was alive on Nov 12 1908 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Arthritis & dropsy

Continued

2 Months (DURATION) 10 DAYS

Contributory (Primary.) Heart

2 Months (DURATION) 10 DAYS

(Signed) Dr. Jno. Kennard M.D.

Address 708 Eman St

Date Nov 13 1908

Place of Burial Mt Auburn Cemetery

Date November 15th 1908

Undertaker Gelin & Rue

Address 12 E Fitzulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17138

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 *Registered No. B* C17138 117

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1828 Druid Hill Ave. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Spence.

Residence, if in Baltimore, Give Street and Number. 1828 Druid Hill Ave.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 87 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Eastern Shore Md

FULL NAME OF FATHER: Unknown.

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Henrietta Spence

(Address) 1828 Druid Hill Ave

Filed Nov 14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11 1908 to Nov 13 1908 that I last saw him alive on Nov 13 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Cirrhosis of Liver (DURATION) 150 DAYS

(Signed) Edward V. Fitzgerald M.D.

Address 1118 Druid Hill Ave

Date November 13 1908

Place of Burial U. S. National Cemetery

Date November 16th 1908

Undertaker Felix E. Pye.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17139

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADIN
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. C C17139

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1319 N Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John N Richner

Residence, Give Street and Number, 1319 N Bond

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH May 15 1835

AGE 73 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Penna

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or county) Pa

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Richner

(Address) 1319 N Bond

Filed Nov 14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 13, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 29 1908 to Nov 13, 1908 that I last saw him alive on Nov 13, 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemic Convulsions

(DURATION) One DAYS

Contributory (Primary) Disease Acute Bright's

(DURATION) 17 DAYS

(Signed) A R Elwell M. D.

Address 1741 Hanford Ave

Date Nov 14 1908

Place of Burial Loudon Park

Date Nov 16 1908

Undertaker Clark Bros

Address 1422 N Eden Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17140

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 *Registered No. B* C17140

CERTIFICATE OF DEATH.

120

(Place of Death.) *No.* 622 Bruce *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Montgomery

{ Residence, if in Baltimore, Give Street and Number. } 622 Bruce St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	1
AGE	58 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Montgomery

(Address) 622 Bruce St

Filed NOV 14 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 — 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Nov 14 1908

that I last saw h[illegible] alive on Nov 14 1908

and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis + Cardiac Insufficiency

One year (DURATION) — DAYS

Contributory (Primary.) All ages

— (DURATION) — DAYS

(Signed) Edmund F. Whalley M.D.

Address 1230 Druid Hill Ave

Date Nov. 14 1908

Place of Burial Laurel Cemetery

Date Nov 15 1908

Undertaker R. St. Elliott

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17141

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH ... THIS IS A PERMANENT ...

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C C17141

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1926 Asquith St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edmund James

Residence, Give Street and Number, 1926 Asquith St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male. COLOR Colored.

DATE OF BIRTH ... 1867

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 1926 Asquith St

Filed Nov 14 1908 HARRY U. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 12, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1908 to Nov. 12, 1908

that I last saw him alive on Nov. 12 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Interstitial Nephritis

(DURATION) 14 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) D. E. Lilly M. D.

Address 2007 Ormonde St

Date Nov. 14, 1908.

Place of Burial Laurel

Date Nov 15 1908

Undertaker H. T. Eckhardt

Address 506 Rogers Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17142 **HEALTH DEPARTMENT, City of Baltimore.**

Ward 21 Registered No. B C17142

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 906 Russell St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary C. Fairbank.

{Residence, if in Baltimore, Give Street and Number.} 906 Russell St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH August 31. 1837.

AGE 71 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Baltimore. Md.

FULL NAME OF FATHER Ebenezer Pumphrey.

BIRTHPLACE OF FATHER (State or country) Anne Arundel Co.

MAIDEN NAME OF MOTHER Margaret A. Hells-

BIRTHPLACE OF MOTHER (State or country) Kent Co. England.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Fairbanks

(Address) 906 Russell St

Filed Nov 14 1908 HARRY O. ARDMAN Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Nov 12 1908 that I last saw her alive on Nov 12 1908 and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) DAYS

Con'tributory (Primary.) Injury from falling down steps (DURATION) 4 DAYS

(Signed) J. M. Lumpkin M.D.

Address 602 S. Paca St.

Date Nov 12th, 1908

Place of Burial Mt. Olivet

Date Nov 15 1908

Undertaker W. J. Tickner Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

C17143 **HEALTH DEPARTMENT, City of Baltimore.**

Ward 12 *Registered No.* **B** C17143

CERTIFICATE OF DEATH.

64

(Place of Death.) *No.* 2628 Guilford Avenue *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H Seymour

{ *Residence, if in Baltimore, Give Street and Number.* } 2628 Guilford Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 22 1827
AGE	81 years, 9 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	N J
FULL NAME OF FATHER	Mcsherry
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	?
OCCUPATION OF DECEASED	?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F Seymour

(Address) 2628 Guilford Ave

Filed Nov 14 1908 HARRY C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Nov 13 1908 that I last saw h-- alive on Nov 13 1908, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage

four minutes (DURATION) DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) L. a Richardson M.D.

Address 112 W. 25th St

Date November 13th 1908

Place of Burial Gloversville N.Y.

Date Nov 15 1908

Undertaker H. J. Tickner Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. B 017144

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 218 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Inf of May & Fannie Goldman (baby)

{ Residence, if in Baltimore, Give Street and Number. } 218 S. Caroline st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Oct. 29, 1908

AGE: 0 years, 0 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: May Goldman.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Fannie Altsman.

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. T. Smith, Jr.

(Address) J. Hopkins Hospital.

Filed 11/15 1908 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1908 to Nov. 13, 1908

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12 ~~P~~ M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joe. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital.

Date Nov. 13, 1908

Place of Burial Hebrew Boundary Cemetery

Date Nov. 15, 1908

Undertaker Max Levin

Address 620 N. Eden Alley

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17145 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. C C17145

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 748 Ryan St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Hunt

Residence, Give Street and Number, 748 Ryan

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR C

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chesley

(Address) 748 Ryan St

Filed 11/15 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 Nov 11 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy 5 (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) J. Mackenzie M. D.

Address 60 N.

Date Nov 12 1908

Place of Burial Laurel cemetery

Date Nov 15 1908

Undertaker Wm H. Hooper & Son

Address 604 Little Rock St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17146 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 Registered No. C C17146

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1316 Sargent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Edward Zimmerman

Residence, Give Street and Number, 1316 Sargent.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 24 years, — months, 29 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Carroll Co Md

FULL NAME OF FATHER Geo Zimmermann

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary H Hoslerin

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Baxter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Zimmermann

(Address) 1316 Sargent St.

Filed 11/15 1908

HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 14 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Nov 13 1908

that I last saw him alive on Nov 13 1908

and that death occurred, on the date stated above, at 2 00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

1 year (DURATION) ..... DAYS

Contributory (Primary) asthenia

(DURATION) 1 DAYS

(Signed) Jas. E. Hume M. D.

Address 856 Columbia ave

Date Nov 14 1908

Place of Burial Western Cemetery

Date November 16 1908

Undertaker Mrs A Kohler & Son

Address 730 Gilmore

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C17147 — Registered No. B C17147

CERTIFICATE OF DEATH.

44

(Place of Death.) No. 766 Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Haltgreve

{Residence, if in Baltimore, Give Street and Number.} 766 N. Vine St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 24 1839

AGE: 69 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Holtgreve

(Address) 766 Vine St

Filed 11/15 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Nov 14 1908 that I last saw her alive on Nov 13 1908 and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrage from nose

(DURATION) 90 DAYS

Contributory (Primary.) probable Cancer

(DURATION) DAYS

(Signed) L. E. Reach M.D.

Address 537 N. Fayette St.

Date Nov 14 1908

Place of Burial Druid Hill Park Cemetery

Date November 16 1908

Undertaker Wm. A. Rohde & Son

Address 420 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C17148 *Registered No. B* C17148

CERTIFICATE OF DEATH. 64

(Place of Death.) *No.* 1057 Rotary *St.* (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Lula Reed

Residence, if in Baltimore, Give Street and Number. 1057 Rotary St

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH 1

AGE 35 *years,* *months,* *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Sardines

(Address) 1056 Rotary st

Filed 11/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Nov 11 1908

that I last saw h[illegible] alive on Nov 10 1908

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage

Coma (DURATION) Da

Contributory (Primary.) Osteoma

Left (DURATION) Da

(Signed) V L Norwood M.

Address 939 W Fayette

Date Nov. 14 1908

Place of Burial Mt Auburn Cemetery

Date Nov 15 1908

Undertaker R St Gilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C CT7149

CERTIFICATE OF DEATH.

(Place of Death.) No. 128 N. Luzerwood St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Wakel

Residence, Give Street and Number, 128 N. Luzerwood

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W

DATE OF BIRTH November 10th 1825

AGE 83 years, — months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED.~~ Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED No. none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick W Kakel

(Address) 2124 E Baltimore st

Filed 11/15 190 8

HENRY G. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 13 190 8

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190

and that death occurred, on the date stated above, at 630 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease (Sudden)

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Fred Carullus M. D.

Address Nov 13 - 08

Date 2229 E Baltimore St 190

Place of Burial Baltimore Cemetery

Date November 16th 190 8

Undertaker George Schilling & Sons

Address 1126 E Monument sts

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C17150 — Registered No. B C17150

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 633 Cider al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane McGargo

{Residence, if in Baltimore, Give Street and Number.} 633 Cider Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Col.

DATE OF BIRTH: Sep 26 1907

AGE: 1 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N H

FULL NAME OF FATHER: Alex n Harper

BIRTHPLACE OF FATHER (State or country): ~~N~~ Va

MAIDEN NAME OF MOTHER: Lane Lattis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lann Lane

(Address) 633 Lovall

Filed 11/15 1908 — HARRY C. ANDREWS, Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 1908

I HEREBY CERTIFY, That I attended deceased from Oct 12 1908 to Nov 13 1908

that I last saw her alive on Nov 10 1908, and that death occurred, on the date stated above, at 12 30 PM. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(DURATION) DAYS

Contributory (Primary.) Intestinal

Intoxication (DURATION) DAYS

(Signed) Robt O Bay M.D.

Address University Hospital

Date Nov 14 1908

Place of Burial Mt Olivet

Date NOV 15 1908

Undertaker P L Parham

Address 1213 n Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C17151 — Registered No. B C17151

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Cookse St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie M. Bosen

{Residence, if in Baltimore, Give Street and Number.} 1126 Cookse St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 10 Feb 1908

AGE 0 years, 9 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Harod Bosen

BIRTHPLACE OF FATHER (State or country) Holland

MAIDEN NAME OF MOTHER Margaret Smidt

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Bosen

(Address) 1126 Cookse St

Filed 11/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 13th Nov 1908

I HEREBY CERTIFY, That I attended deceased from 10 Nov 1908 to 13 Nov 1908 that I last saw h[er] alive on 13 Nov 1908 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con[tributory] (Primary.) Gastro enteritis (DURATION) 30 DAYS

(Signed) James Cooper M.D.

Address 1522 Hull St

Date 14 Nov 1908

Place of Burial Schwartz Cemetery

Date Nov 15th 1908

Undertaker Jos. Stanley & Co

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. C17152 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C 17152

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 700 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Raymo Sr

Residence, Give Street and Number, 700 E. Preston

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX ~~White~~ Male

COLOR White

DATE OF BIRTH Unknown

AGE From information received Later was told his age was 69 yrs 11 mo 6 days years, months, days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Baltimore, Md.

FULL NAME OF FATHER Charles Raymo

BIRTHPLACE OF FATHER (State or couuty) Canada

MAIDEN NAME OF MOTHER Maria Hickman

BIRTHPLACE OF MOTHER (State or county) Camden, N.J.

OCCUPATION OF DECEASED Retired Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Means

(Address) 700 E. Preston St.

Filed 11/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Nov 12 1908 that I last saw h[illegible] alive on Nov 12 1908 and that death occurred, on the date stated above, at abt 2 P M. CAUSE OF DEATH (Secondary or Immediate,)

1 Valv. dis. heart

1 Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M Bailey M. D.

Address 1639 Bryden

Date Nov 12 1908

Place of Burial Greenmount Cemetery

Date November 15 1908

Undertaker Henry W. Means & Son

Address 705 W. Calvert St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C17153 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. C C17153 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Ricks

Residence, Give Street and Number, Chestnut ave. & 35th. St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: August 2- 1878

AGE: 30 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: John A. Ricks

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Clarissa Shipley

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Balto. Elec. Ry. Assistant Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Ricks

(Address) 3502 Chestnut Ave

Filed 11/15 1908 HENRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 13 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 29 1908 to Nov. 13 1908 that I last saw h in alive on Nov. 13 1908 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Fracture skull

O. K. W. J. Riley M. D. (Duration) DAYS

(Signed) Wm. J. Schmitz M. D.

Address City Hospital

Date Nov. 13 1908.

Place of Burial Mt. Marys Hampden

Date November 15 1908

Undertaker Horace Burger

Address 3631 Falls Road

Remarks Accidentally fell from wagon while employed at Balto. Elec. Ry.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C17154 — Registered No. B C17154

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 643 W Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hans Heidenheuser

{Residence, if in Baltimore, Give Street and Number.} 643 W Barre St.

Duration of Residence in Baltimore. 19 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH June 4th 1881

AGE 27 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Godfried Heidenheuser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Beerkeeper Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Godfried Heidenheuser

(Address) 643 W Barre St

Filed 11/15 1908

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to Nov 13 1908 that I last saw h[illegible] alive on Nov 12 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 160 DAYS

Contributory (Primary) Influenza

(DURATION) 4 DAYS

(Signed) Edelmann M.D.

Address 517 Hanover

Date Nov 15 1908

Place of Burial Western Cemetery

Date Nov 16 1908

Undertaker Geo Levin Sadler Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17155 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

C17155

Ward 14 Registered No. C 45

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 West Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Marion Elliott

Residence, Give Street and Number, 226 West Lafayette ave

Duration of Residence in Baltimore, 43 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Aug. 5th 1897

AGE 71 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) King William Co. Virginia

FULL NAME OF FATHER Wm Egbert Elliott

BIRTHPLACE OF FATHER (State or county) King William Co Virginia

MAIDEN NAME OF MOTHER Sarah Tyra Bullington

BIRTHPLACE OF MOTHER (State or county) same as above

OCCUPATION OF DECEASED retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebekah Elliott

(Address) 226 W. Lafayette ave

Filed 11/15 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 14th 1908

I HEREBY CERTIFY, That I attended deceased from 190 to Nov. 14th 1908

that I last saw him alive on Nov. 13th 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion with failure of Respiration following slow hemorrhage from growth of bladder probably Malignant (DURATION) Some months DAYS

Contributory (Primary) Cirrhosis Glomerular Nephritis (Interstitial) + the growth of the bladder (DURATION) Some years

(Signed) Wm. F. Lockwood M. D.

Address 8 E. Eager St.

Date Nov. 14th 1908

Place of Burial Greenmount Cemetery

Date November 16th 1908

Undertaker H. W. Jenkins Sons Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C17156 Registered No. B C17156

54.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2045 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John R Nuthall

{Residence, if in Baltimore, Give Street and Number.} 2045 Gough st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 2nd 1862

AGE: 46 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles Nuthall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ann E. Nuthall

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate L. Duly

(Address) 2045 Gough St

Filed 11/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH NOV 1. 1908 190

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1908 to Nov 13, 1908

that I last saw him alive on Nov 13 1908

and that death occurred, on the date stated above, at 7.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anaemia & Enteritis

about 4 ~~YEARS~~ (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough St

Date NOV 1 1908 190

Place of Burial Baltimore Cemetery

Date Nov 16 190 8

Undertaker ALBERT E. FULLER

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 171574

42

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Klopfmeyer

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH — 1

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 14th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Nov 14th 1908

that I last saw h alive on Nov 14th 1908

and that death occurred, on the date stated above, at 7.45 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Senile Exhaustion

(DURATION) — DAYS

Contributory (Primary) Uremic Coma

(DURATION) — DAYS

(Signed) J. H. Eskew M. D.

Address Bay View Hospital

Date Nov 14th 1908

Place of Burial Cedar Hill Cemetery

Date Nov 16 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C17158 Registered No. B C17158

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 520 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Ritterman

{Residence, if in Baltimore, Give Street and Number.} 520 E. Fort ave

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: July 17 1826	
AGE: 82 years, 3 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Savins

(Address) 520 E Fort ave.

Filed 11/15 1908 BARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 13 1908

that I last saw h[illegible] alive on Nov 11 1908,

and that death occurred, on the date stated above, at 1.05 a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo L Drane M.D.

Address 1214 E. Lombard St

Date Nov 13. 1908

Place of Burial Cathedral Cemetery

Date Nov 16 1908

Undertaker F. O. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 / Registered No. B C17159

C17159

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 323 South Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Arthur Mantle

{Residence, if in Baltimore, Give Street and Number.} 3238 Regester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 4 1908

AGE: ..... years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Arthur A. Mantle

BIRTHPLACE OF FATHER (State or country): Minneapolis Minn

MAIDEN NAME OF MOTHER: Mary O. Adams

BIRTHPLACE OF MOTHER (State or country): Williamsburg Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred A Burdick

(Address) 1806 E Baltimore St

Filed 11/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14 1908

I HEREBY CERTIFY, That I attended deceased from November 13 1908 to Nov 14 1908 that I last saw h... alive on Nov 14 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions of Dentition

(DURATION) 2 DAYS

Contributory (Primary.) Mal Nutrition

(DURATION) Life DAYS

(Signed) A. A. Burdick M.D.

Address 1806 E Baltimore St

Date November 14 1908

Place of Burial Oak Lawn Cem.

Date Nov. 15th 1908

Undertaker Jno. A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C17160 — Registered No. B C17160

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 769 George St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm A Driscoll

{Residence, if in Baltimore, Give Street and Number.} 769 George Street

Duration of Residence in Baltimore. Whole life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1857

AGE 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Richard J Driscoll

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Almira M. Young

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Upholsterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth H Driscoll

(Address) 769 George St

Filed 10/15 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14 — 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8 — 1908 to Nov. 14 — 1908

that I last saw h[illegible] alive on Nov 13 — 1908,

and that death occurred, on the date stated above, at 12.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

about 6 or 8 hours (DURATION) ~~DAYS~~

Contributory (Primary) Pulmonary Emphysema, arterio-sclerosis, Cardiac dilatation & hypertrophy

Probably a year or more (DURATION) DAYS

(Signed) Carlton M Cook M.D.

Address 1101 W. Lanvale St.

Date Nov. 14 — 1908

Place of Burial New Cathedral Cemetery

Date November 16 1908

Undertaker Cunningham & Co

Address 715 Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17161

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C17161

27

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1329 E. North Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert A. Frasch

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 6 1879 (Month) (Day) (Year)
AGE	30 years, 8 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore, Md.
FULL NAME OF FATHER	Michael Frasch
BIRTHPLACE OF FATHER (State or country)	Baltimore, Md.
MAIDEN NAME OF MOTHER	Elizabeth Blazzard
BIRTHPLACE OF MOTHER (State or country)	Carroll County, Md.
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Frasch

(Address) 1329 E. North Ave.

Filed 11/15 1908

HARRY C. PERRY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13, 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 14, 1908 to Nov. 12 1908

that I last saw him alive on Nov. 12 1908,

and that death occurred, on the date stated above, at 2 30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis. 14 mos. DATS

(DURATION)

Contributory .....

(DURATION) ..... DAYS

(Signed) Louis Hamman M. D.

Nov. 14, 1908 (Address) 1145 Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Nov 15 1908
UNDERTAKER	ADDRESS
J. B. Young & Co	1422 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 17 HEALTH DEPARTMENT, City of Baltimore. Registered No. C 017162

017162

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 2236 Guilford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen M Heald

Residence, Give Street and Number, 2236 Guilford Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female. COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Wm. H. Heald

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Helen M Powles.

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen M Heald

(Address) 2236 Guilford

Filed 11/15 190 8 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 13. 190 8

I HEREBY CERTIFY, That I attended deceased from October 190 6 to Nov. 13. 190 8

that I last saw h 21 alive on " " 190 8

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Carcinoma of breast

(DURATION) 2 yrs DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo A Hartman M. D.

Address 1121 N Carrollton St.

Date Nov. 14. 190 8

Place of Burial Greenmount

Date Nov 16/08 190

Undertaker Wm Cook

Address 1502 E Monument

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C17163 Registered No. C 17163

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 1220 Stockholm St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick C Conway

Residence, Give Street and Number, 1220 Stockholm St

Duration of Residence in Baltimore, Balto Co Md

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ....1....

AGE: 40 years, ...months, ...days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Patrick Conway

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Roxanne Cunningham

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas L Conway

(Address) 1133 Sharp St

Filed 11/15 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 12. 1908

I HEREBY CERTIFY, That I attended deceased from .... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at ....

M. CAUSE OF DEATH (Secondary or Immediate,)

Probably Pulmonary Tuberculosis

(DURATION) .... DAYS

Contributory (Primary) ....

(DURATION) .... DAYS

(Signed) Herbert C Blake M. D.

Address 1214 W. Fayette St

Date 190

Place of Burial New Cathedral Cemeteries

Date November 16 1908

Undertaker Wm Cook & Co

Address 5026 Northern

Remarks ....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C17164 Registered No. C C17164

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 340 Augusta Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Peregoy

Residence, Give Street and Number, 340 Augusta Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: —

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or couuty): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Peregoy

(Address) 340 S Augusta

Filed 11/15 1908 HARRY C. ANDREWS Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 14 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1904 to Nov. 14 1908 that I last saw h-- alive on Nov 13 1908 and that death occurred, on the date stated above, at 11.30 A M. CAUSE OF DEATH (Secondary or Immediate,)

Hemiplegia

(DURATION) 4 Years

Contributory (Primary) Old Age (DURATION) Indefinite

(Signed) N. W. Jones M. D.

Address Sarratoga and

Date Nov. 14 1908

Place of Burial Mt Olivet Cemetery

Date November 16 1908

Undertaker Jon Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C17165 Registered No. B

CERTIFICATE OF DEATH. C17165

(Place of Death.) No. 924 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert C. Wright

{Residence, if in Baltimore, Give Street and Number.} 924 N Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Jan 5 1865

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert A. Wright

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Frances Arther

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Oyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Wright

(Address) 224 N. Durham St

Filed 11/13 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14 1908

I HEREBY CERTIFY, That I attended deceased from Sept 14 1908 to Nov. 14 1908 that I last saw h[illegible] alive on Nov. 12 1908 and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

(a) Pulmonary Tuberculosis

(b) Sinus -

(DURATION) 2 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) W. S. Gilroy M.D.

Address 153 E. Duke St

Date Nov. 14 1908

Place of Burial Laurel Cemetery

Date November 16th 1908

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C17166 — Registered No. B C17166

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 678 W. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David O. Brummel

{Residence, if in Baltimore, Give Street and Number.} 678 W. Fayette St.

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 66 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Carroll Co Md.

FULL NAME OF FATHER: David Brummel

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Aly Cost

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. M. Brummel

(Address) 1314 Ensor St.

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10 1908 to Nov 14 1908

that I last saw h[im] alive on Nov 14 1908,

and that death occurred, on the date stated above, at 6.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Astheania

(DURATION) DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) 2 yrs DAYS

(Signed) M. Weinberg M.D.

Address 742 W Fayette st

Date Nov 15 1908

Place of Burial Hampstead Carroll Co. Md.

Date Nov 18 1908

Undertaker C. G. Black

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17167

Ward ..... C17167 Registered No. B .....

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Karl

{ Residence, if in Baltimore, Give Street and Number. } 2221 Griffin Court

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~ | COLOR: White

DATE OF BIRTH: Nov 19 1

AGE: 18 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Karl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Buckler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Type-writer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Karl

(Address) 2221 Griffin Court

Filed 11/16 1908 HARRY C. ADKINS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 25" 1908 to Nov 14 1908 that I last saw her alive on Nov 14 1908, and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) H McCrae M.D.

Address Johns Hopkins Hospital

Date Nov 14 1908

Place of Burial Trinity Cemetery

Date Nov. 17 1908

Undertaker Christian Miller

Address 2234 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 17X

HEALTH DEPARTMENT, City of Baltimore.

C17168

Registered No. C C17168

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 220 E. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva I. N. Hall

Residence, Give Street and Number, 220 E. Lafayette ave

Duration of Residence in Baltimore, 8 weeks —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Louisianna

FULL NAME OF FATHER: Arthur J. Wallis

BIRTHPLACE OF FATHER (State or couuty): Md.

MAIDEN NAME OF MOTHER: Anna M. Smith

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hall of 18

(Address) 220 E Lafayette ave

Filed 11/16 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 15th 1908

I HEREBY CERTIFY, That I attended deceased from October 1st 1908 to November 15 1908 that I last saw h or alive on November 14 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of Mentum

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Chas. H. Riley M. D.

Address 113 Madison ave

Date November 15th 1908

Place of Burial Middleville Md

Date Nov. 16/08 1908

Undertaker Geo. Cook

Address 502 E. Baltimore

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C 017169

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 403 Pinkney Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Myers

Residence, Give Street and Number, 403 Pinkney Place

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 9 1908

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: David E. Myers

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER: Ella Edwards

BIRTHPLACE OF MOTHER (State or county): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Myers

(Address) 403 Pinkney Place

Filed 11/16 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Nov 15 1908 that I last saw h[illegible] alive on Nov 15 1908 and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Indigestion

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Howard Evans M. D.

Address 125 E. Preston

Date Nov 16 1908

Place of Burial Culpepper Va Virginia

Date Nov. 16 1908

Undertaker Lowbooks

Address 502 E. North Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

C17170 Registered No. B C17170

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 3109 Elliott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline Wachter

{Residence, if in Baltimore, Give Street and Number.} 3109 Elliott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 6th 1908

AGE ..... years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Henry Wachter

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Theresa Mueller

BIRTHPLACE OF MOTHER (State or country) Pittsburgh Pa.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Theresa Wachter

(Address 3109 Elliott St.

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1908 to Nov 6 1908 that I last saw her alive on Nov 8 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

probably exhaustion

(DURATION) DAYS

Contributory (Primary.) Pyogenic diathesis

(DURATION) 1 month DAYS

(Signed) W. M. Wright M.D.

Address Canton & Dillon Sts.

Date Nov 15 1908

Place of Burial Sacred Heart cemetery

Date Nov. 16th 1908

Undertaker Lilly & Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17171 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. C 17171

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 313 S. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie E. Siegmund

Residence, Give Street and Number, 313 S. Washington

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Aug 17th 1896

AGE 12 years, 3 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Phillipth Siegmund

BIRTHPLACE OF FATHER (State or couuty) Balto. Md.

MAIDEN NAME OF MOTHER Mary E. Boehnlein

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillipth Siegmund

(Address) 313 S. Washington

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 13th 1908.

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1908 to Nov 13th 1908

that I last saw her alive on Nov 13th 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary) Convulsion

a few minutes (DURATION) DAYS

(Signed) R. T. Hardy M. D.

Address 1902 Bank St

Date November 15th 1908

Place of Burial Holy Redeemer Cem

Date Nov 16th 1908

Undertaker Lilly and Zeiler

Address 403 S Wolfe St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C17172 — Registered No. B C17172

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1212 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Shaney

{ Residence, if in Baltimore, Give Street and Number. } 1217 Jackson

Duration of Residence in Baltimore. 63 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 24 1838

AGE: 70 years, 8 months, 21 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Dyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Shaney

(Address) 1217 Jackson

Filed 11/16 1908 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 14th 1908 to Nov 14th 1908 that I last saw h[illegible] alive on Nov 14 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Hemiplegia Coma

(DURATION) DAYS

Contributory (Primary) Arterio Sclerosis (DURATION) DAYS

(Signed) W. Wilson M.D.

Address 1220 E. Fayette St.

Date Nov 15th 1908

Place of Burial Baltimore County

Date November 17 1908

Undertaker Mc Ginnis - Cassard

Address 1227 Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C17173 — Registered No. B C17173

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 710 Tloyd St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Albert Williams

{ Residence, if in Baltimore, Give Street and Number. } 710 Tloyd St

Duration of Residence in Baltimore. 4 mo.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Bl
DATE OF BIRTH	May 30 1903
AGE years, 4 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm H. Williams
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Jadie Collins
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jadie Williams

(Address) 710 Tloyd St

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Nov. 14 1908

that I last saw h in alive on Nov 13 1908

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate

Eclampsia

(DURATION) 1 DAY

Contributory (Primary) Apnoea

(DURATION) 1 DAY

(Signed) D Norwood M.D.

Address 739 W Fay Ette

Date Nov 14 1908

Place of Burial Mt Auburn Cemetery

Date Nov 16 1908

Undertaker Wm H Cooper

Address 129 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C17174 Registered No. B C17174

CERTIFICATE OF DEATH.

120

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis King

{Residence, if in Baltimore, Give Street and Number.} 1114 Goodman Alley

Duration of Residence in Baltimore. Forty years (?)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James King

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Anderson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Carter

(Address) 705 Hart St

Filed 11/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Nov 15 1908

that I last saw h[illegible] alive on Nov 15 1908,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 1 DAYS

Con'tributory (Primary.) Acute Interstitial Nephritis (DURATION) DAYS

(Signed) J. W. Bird M.D.

Address University Hospital

Date Nov 15 1908

Place of Burial Mt Auburn Cemetery

Date Nov 17 1908

Undertaker Geo. H. Hoopes

Address 604 Park Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C17175

Ward 6

C17175 Registered No. B 146

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Staton

{Residence, if in Baltimore, Give Street and Number.} 1501 Ten Foot Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Staton

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lizzie Sanders

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Sanders

(Address) 1501 Ten foot alley

Filed 11/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14th 1908

I HEREBY CERTIFY, That I attended deceased from November 10th 1908 to November 14th 1908

that I last saw h was alive on November 14th 1908,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epiphysitis Acute

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Eversbusch M.D.

Address Johns Hopkins Hospital

Date November 14th 1908

Place of Burial Asbury Cemetary

Date Nov 16 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

C17176 *Registered No.* **B** C17176

64

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Home of Incurables *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugenia Gassaway

{ Residence, if in Baltimore, Give Street and Number. } Home of Incurables

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	W
DATE OF BIRTH	Dec 20 1839
AGE	69 years, ... months, ... days
SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Noah Gassaway
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Rebecca Gassaway
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E Hughes

(Address) 17 S Broadway

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1908 to Nov 18th 1908 that I last saw h er alive on Nov 13th 1908, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

5 weeks (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) J H Pearce M.D.

Address 2105 N. Charles St

Date Nov 14th 1908

Place of Burial Greenmount CEMETERY.

Date NOV 16 1908 190...

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. C 017177

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 222 Chestnut St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Theodore~~ Thos. White

Residence, Give Street and Number, 222 Chestnut St.

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR B

DATE OF BIRTH 1

AGE 78 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 1-08 1908

died at

I HEREBY CERTIFY, That I attended ~~deceased~~ from

190 to 190

~~that I last saw h alive on~~ 190

and that death occurred, on the date stated above, at abt 6 P.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm Riley Lemmon M. D.

Address 1659 Broadway

Date Nov. 9 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 10 1908 190

Commissioner Health.

Undertaker Per WM. E. WOODALL.

Address

Remarks Otis Pharmacy

FOR STATISTICAL PURPOSES

21

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17178 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 17178

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Crew

Residence, Give Street and Number, 321 Dyson St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX ~~6~~ m COLOR Col.

DATE OF BIRTH 1

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 4 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 27 1908 to Nov. 4 1908 that I last saw him alive on Nov. 4 1908 and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Carcinoma of liver - Inoperable (DURATION) DAYS

(Signed) Wm. Schmitz M. D.

Address City Hospital

Date Nov. 4 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 15 1908 190

Undertaker Commissioner Health

Per. Wm. E. WOODALL.

Address

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

2 19

Ward 14 C17179

Registered No. B C17179

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Found floating at Pier 8 Locust Point St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Don't know

{Residence, if in Baltimore, Give Street and Number.} Don't know

Duration of Residence in Baltimore. Don't know

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Don't know 1
AGE	About 40 years, ___ months, ___ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Don't know
BIRTHPLACE (State or country)	" "
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	" "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Otto M Reinhardt.

(Address) Coroner Southern District

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Body found November 2 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Drowning

..... (DURATION) DAY

Con'tributory (Primary)

..... (DURATION) DAY

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date November 14 1908

Place of Burial PUBLIC CEMETERY

Date NOV 14 1908 190

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

City to bury Body at the Morgue Otto R

218

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C17180 Registered No. B C17180

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Bay View Hospital Insane Dept St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Green

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 11/16 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 190 8

I HEREBY CERTIFY, That I attended deceased from June 15 190 8 to Nov 13 190 8 that I last saw her alive on Nov 13 190 8, and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia of Eclampsia

..... (DURATION) ..... DAYS

Contributory (Primary.) Bronchopneumonia

..... (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date Nov 14 08. 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 14 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C17181 — Registered No. B C17181

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1529 E Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Vancott

{ Residence, if in Baltimore, Give Street and Number. } 1529 E. Fayette St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. 18 1825

AGE: 83 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas Smith

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Catherine Schmidt

BIRTHPLACE OF MOTHER (State or country): Holland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Aburn,

(Address) 1901 E. Lafayette Ave,

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11 1908 to Nov 15 1908 that I last saw h~~e~~r alive on Nov 14 1908, and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Pulmonary Oedema

(DURATION) DAYS

(Signed) Chas F Blake, M.D.

Address 1523 E Balto

Date Nov 15 1908

Place of Burial Greenmount Cemetery

Date Nov. 17 1908

Undertaker Zirkler + Zirkler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ....

Registered No. C C17182

CERTIFICATE OF DEATH.

66

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George Naylor

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR B.

DATE OF BIRTH ... 1 ...

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ... Lamar Hully

(Address) BAY VIEW ASYLUM.

Filed 11/16 1908 HARRY C. ..., Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 13 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Nov 13 1908 that I last saw h in alive on Nov 13 1908 and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Paralysis of Left Lung

(DURATION) — DAYS

Contributory (Primary) Old age.

(DURATION) — DAYS

(Signed) ... M. D.

Address Bay View Asylum

Date Nov 13 1908

Place of Burial ... JOHNS HOPKINS HOSPITAL NOV 14 1908

Date ... 190...

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks ...

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17183 Registered No. B C17183

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 527 Bloom St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas B Davis

{Residence, if in Baltimore, Give Street and Number.} 527 Bloom St

Duration of Residence in Baltimore. Loyal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Williams

(Address) 527 Bloom St

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to Nov 14 1908

that I last saw h alive on Nov 13 1908,

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Meningitis Tuberculosis

(DURATION) 3 DAYS

Contributory (Primary.) Intestinal Tuberculosis

(DURATION) 8 DAYS

(Signed) Mitchell Cameron M.D.

Address Cor N. Monroe

Date Nov 14 1908

Place of Burial Laurel Cem.

Date Nov 16 1908

Undertaker Haywood V Adams

Address 1006 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

§ 7 SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C 17184

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1440 Carroll St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurence L Collins

Residence, Give Street and Number, 1440 Carroll st.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH March 23 1908

AGE — years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Robert Collins

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER Alice T Halsey

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Collins

(Address) 1442 Carroll st

Filed 11/16 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 13 1908

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Nov 13 1908 that I last saw him alive on Nov 13 1908 and that death occurred, on the date stated above, at 11.32 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebro Spinal Meningitis

Duration Days

Contributory (Primary) Spasms

3 hrs (DURATION) DAYS

(Signed) J. E. Imse M. D.

Address 535 Columbia Ave

Date Nov 14 1908

Place of Burial New Cathedral

Date Nov 16th 1908

Undertaker John L Fields

Address 1200 W. Lombard st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C17185 Registered No. B C17185

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 3221 Abel St (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Quinn

{ Residence, if in Baltimore, Give Street and Number. } Same

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Francis Peifer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER May Peifer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Lombard st

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h.. alive on ..... 190.. 38

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Exhaustion

Nephritis. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Percival Lectured M.D.

Address 1800 E. Chase

Date Nov 14 1908.

Place of Burial Westen

Date Nov 17th 1908

Undertaker John J. Fields

Address 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 17 C17186 Registered No. B C17186

CERTIFICATE OF DEATH.

(Place of Death.) No. 1821 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Waldon Evans

{ Residence, if in Baltimore, Give Street and Number. } 1821 Lemmon

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 20 1908

AGE ..... years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm H. Evans

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Lovettah E. Cockett

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm H Evans

(Address) 821 Lemmon St

Filed 11/16 190 (HARRY C. ANDREWS, PERMIT CLERK.) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from Nov 5 1908 to Nov 14 1908 that I last saw him alive on Nov 14 1908, and that death occurred, on the date stated above, at 2.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Walter A. Cot M.D.

Address 544 Fulton Ave

Date Nov 14 1908

Place of Burial Western Cem

Date November 16 1908

Undertaker Jos B Cook

Address 1003 N Bulb St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17187 Registered No. B C17187

CERTIFICATE OF DEATH.

(Place of Death.) No. St Luke Hospital 116 W North ave, St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Millard Reed Jones

{ Residence, if in Baltimore, Give Street and Number. } 1725 Wilkens ave

Duration of Residence in Baltimore... all his life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 4, 1871

AGE 37 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edward J Jones

BIRTHPLACE OF FATHER (State or country) Pennie Ginger Co Md

MAIDEN NAME OF MOTHER Fanny Knight

BIRTHPLACE OF MOTHER (State or country) Balto Co Md.

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw J Jones

(Address) 1725 Wilkens Ave

Filed 11/16 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Nov 14 1908 that I last saw him alive on Nov 13 1908, and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis and General Mal Nutrition

16 years (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo E Houck M.D.

Address 910 W. Madison St

Date Nov 14 1908

Place of Burial Greenmount

Date November 16, 1908

Undertaker J. H. Cook

Address 9003 N. Balto st

WM. J. C. DULANY CO., BALTIMORE.

Dble removed to 1725 Wilkens Ave —

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 9th — C17188 — Registered No. B C17188

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 2538 Fait ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wadislaw Porzuski

{Residence, if in Baltimore, Give Street and Number.} 2538 Fait ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Nov. 1 1908
AGE	..... years, ... months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Jos. Porzuski
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Rose Yarechesko
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Porzuski

(Address) 2538 Fait ave

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1908 to Nov. 15 1908 that I last saw h[im] alive on Nov. 14 1908, and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia (DURATION) 4 DAYS

Contributory (Primary.)

asthenia (DURATION) .. DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton Av

Date Nov. 15 1908

Place of Burial St Stanislaus

Date Monday Nov 16 1908

Undertaker M F Sudowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C17189 Registered No. B C17189

CERTIFICATE OF DEATH.

146

(Place of Death.) No. Hebrew Hospital Balto. Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Friedman

{Residence, if in Baltimore, Give Street and Number.} 1218 Mc Elderry

Duration of Residence in Baltimore. 13 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Samuel Friedman

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Dora Tlischeson

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Friedman

(Address) 232 N Gilmor st

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 16 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1908 to Nov 16 1908 that I last saw h alive on Nov 16 1908, and that death occurred, on the date stated above, at 8.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 6 DAYS

Contributory (Primary.) Necrosis of Ribs

+Abscess of Abdominal wall (DURATION) 10 DAYS

(Signed) Richard Taylor M.D.

Address Hebrew Hospital

Date Nov. 16 1908

Place of Burial Hebrew Cemetery Bur

Date Nov. 16, 1908

Undertaker Max Levinger

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 17130

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Murphy

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
F.	W.

DATE OF BIRTH — 1

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bay View

(Address) — — —

Filed 11/16 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 15th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1908 to Nov 15th 1908

that I last saw h[illegible] alive on Nov 15th 1908

and that death occurred, on the date stated above, at 12 55 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) DAYS

Contributory (Primary) Pneumonia —

(DURATION) DAYS

(Signed) W. R. Tobin M. D.

Address Bay View Hospital

Date Nov 15 1908

Place of Burial New Cathedral

Date 11 — 17 1908

Undertaker J. J. Gaughan

Address Fruth & Lindenberger

Remarks .....

C17191

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

THE ROBERT GARRETT HOSPITAL FOR CHILDREN,

Registered No. B C17191

City of Baltimore, (No. 22 ½, No. 47 North Carey Street, Baltimore, Md. St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME James Noon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. (Month) 1 (Day) 1908 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Dominic J Noon

BIRTHPLACE OF FATHER (State or country): New York.

MAIDEN NAME OF MOTHER: Constantia McGraw

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L J Noon

(Address) 220 N Calvert St

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1908 to Nov 16 1908

that I last saw him alive on Nov 14 1908,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) Life DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Wm C Rubrich M. D.

Nov 16 1908 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. —

Former or Usual Residence 220 Calvert How long at Place of Death? 36 Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Nov 17 1908

UNDERTAKER: E J Mudgett Jr — ADDRESS: 213 Green Mt Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C17192 — Registered No. B C17192

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 N. Wolfe St. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Emily Lantz

{Residence, if in Baltimore, Give Street and Number.} 934 N. Wolfe St.

Duration of Residence in Baltimore. Baltimore Md

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 8 1848

AGE: 60 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Brunsman

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ellen Hogan.

(Address) 934 N Wolfe

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1908 to Nov. 14 1908 that I last saw her alive on Nov. 14 1908 and that death occurred, on the date stated above, at 12 a.m. CAUSE OF DEATH (Secondary or Immediate

Endocarditis
Heart failure

(DURATION) DAY

Contributory (Primary.) Ch. Bronchitis
+ Asthma (DURATION) DAY

(Signed) J. M. Driscoll M.D. M.D.

Address 623 Columbia Ave

Date Nov. 15 1908

Place of Burial Oak Lawn Cemetery

Date Nov 18 1908

Undertaker E. J. Fanning

Address 1938 E Lafayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C17193 Registered No. B C17193

CERTIFICATE OF DEATH.

97

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon E Zingler

{ Residence, if in Baltimore, Give Street and Number. } 810 W. Hamburg st.

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 22 1904

AGE 4 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edw E Zingler

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary E Wilkins

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E E Zingler

(Address) 810 W Hamburg

Filed 11/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14 1908

I HEREBY CERTIFY, That I attended deceased from November 5 1908 to November 14 1908

that I last saw him alive on November 14 1908,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion

(DURATION) DAYS

Contributory (Primary.) Broncho-Pneumonia (DURATION) DAYS

(Signed) Louis H. Seth M.D.

Address University Hospital

Date November 14 1908

Place of Burial Loudon Park

Date Nov 17 1908

Undertaker W. Tickner & Son

Address Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C17194 — Registered No. C 17194

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hosp. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jaueine Voght

Residence, Give Street and Number. 814 N Hamburg St

Duration of Residence in Baltimore, 29 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: Nov. 1

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Voght

(Address) 814 N Hamburg

Filed 11/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 16 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1908 to Nov. 16 1908

that I last saw her alive on Nov. 15 1908

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate,)

~~Meningitis~~ Toxaemia

(DURATION) DAYS

Contributory (Primary) Meningitis

(DURATION) DAYS

(Signed) J. H. Williams M. D.

Address Md Gen Hosp.

Date Nov. 16 1908.

Place of Burial Baltimore Cem

Date Nov 18 1908

Undertaker Wm H J Hopkins

Address 425 west Baltimore St

Remarks

Ward V C17195 Registered No. B C17195

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Dean

{Residence, if in Baltimore, Give Street and Number.} 808 S. Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH March 27 1869

AGE 39 years, 7 months, 18 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Wm H. Kohlwey

BIRTHPLACE OF FATHER (State or country) Annapolis Md

MAIDEN NAME OF MOTHER Josephine Stewart

BIRTHPLACE OF MOTHER (State or country) Annapolis Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Richard H Kohlwey

(Address) 153 Glenover

Filed 10/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26 1908 to Nov 14 1908 that I last saw h[illegible] alive on Nov 14 1908, and that death occurred, on the date stated above, at 1655 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 14 DAYS

Con'tributory (Primary.) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) J. W. Bird M.D.

Address University Hospital

Date Nov 15 1908

Place of Burial Annapolis Md

Date Nov 16 1908

Undertaker W J Pickrus & Sons

Address 420 W Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C17196 Registered No. B C17196

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1521 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha L. Snyder

{ Residence, if in Baltimore, Give Street and Number. } 1521 N. Collington ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 13th 1876

AGE 32 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Herman Greenewald

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmina

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Snyder

(Address) 1521 N. Collington

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14" 1908

I HEREBY CERTIFY, That I attended deceased from Sept — 1908 to Nov 14" 1908

that I last saw h-er alive on Sept 13 1908,

and that death occurred, on the date stated above, at 1040 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Aortic Stenosis

(DURATION) 1 Year DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas J. Talbott M.D.

Address Marlborough Pike

Date Nov. 16" 1908

Place of Burial Mt. Carmel Cem

Date 11/17/08 190

Undertaker J. Herring & Son

Address 2005 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C1719? Registered No. B C1719?

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teresa Bartley

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black-

DATE OF BIRTH Feby. 16 1908

AGE ..... years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md-

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mildred

Address St Elizabeths Home

Filed 11/17 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1908 to Nov. 14 1908

that I last saw h[illegible] alive on Nov. 14 1908

and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate

Inanition

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Nov. 15, 1908

Place of Burial Cathedral Cemetery

Date November 17th 1908

Undertaker Helen B. Rice.

Address 1026 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C17198 Registered No. B C17198

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Francis Hawkins

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black
DATE OF BIRTH	Sept. 1, 1908
AGE	years, 2 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 11/17 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1908 to Nov. 14, 1908 that I last saw him alive on Nov. 14 1908, and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus.

(DURATION) 2 months

Contributory (Primary)

(DURATION) DAYS

(Signed) A. L. Gillis M.D.

Address [redacted]. 1579 N. Carlin St.

Date Nov. 15, 1908

Place of Burial Cathedral Cemetery

Date November 17th 1908

Undertaker Felix B Pise

Address 1026 Fulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C17199 Registered No. B C17199

93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles J. Ogle

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore: 2 month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black -

DATE OF BIRTH: Aug. 1, 1908

AGE: ..... years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): N. J.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 11/17 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1908 to Nov. 14 1908 that I last saw him alive on Nov. 14 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

- Pneumonia (Broncho)

(DURATION) 2 DAYS

Contributory (Primary.) Inanition

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carolina St.

Date Nov. 15, 1908

Place of Burial Cathedral Cemetery

Date November 17th 1908

Undertaker Felix B Rose.

Address 1026 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17200

Ward 14 C17200 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Orphan Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Heard Matthews

{ Residence, if in Baltimore, Give Street and Number. } 1401 Dawson St

Duration of Residence in Baltimore. 9 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Jas H Matthews

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Charlotte Alexander

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas H Matthews

(Address) 624 W Fremont St

Filed 11/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15th 1908

I HEREBY CERTIFY, That I attended deceased from Nov / 1908 to 15th 1908

that I last saw him alive on Nov 14 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Herbert C Blake M.D.

Address 1014 W Lafayette

Date Nov 16 1908

Place of Burial St Peters Cem

Date Nov 17 1908

Undertaker J E Humphreys Co

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C17201 Registered No. B C17201

CERTIFICATE OF DEATH.

26

(Place of Death.) No. 705 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Reed

{ Residence, if in Baltimore, Give Street and Number. } 705 Vine St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colored

DATE OF BIRTH 1

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) md

FULL NAME OF FATHER dont no

BIRTHPLACE OF FATHER (State or country) dont no

MAIDEN NAME OF MOTHER dont no

BIRTHPLACE OF MOTHER (State or country) dont no

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lester Blackston

(Address) 705 nine St

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 15 - 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 14 1908

that I last saw him alive on Nov 14 1908,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Examination

(DURATION) 10 DAYS

Contributory (Primary) Laryngeal Tuberculosis (DURATION) 21 DAYS

(Signed) M. A Weinberg M.D.

Address 742 W Fayette St.

Date Nov 16 1908

Place of Burial Buck Neck, Kent Co. Md

Date Nov. 17 1908

Undertaker John H Toadvine

Address 142 Watts Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C17202 Registered No. B C17202

CERTIFICATE OF DEATH.

(Place of Death.) No. 1179 Yorke Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernst Schlupter

{Residence, if in Baltimore, Give Street and Number.} 1179 Yorke Road

Duration of Residence in Baltimore. 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Aug 23 1832

AGE 75 years, 3 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER /

BIRTHPLACE OF FATHER (State or country) /

MAIDEN NAME OF MOTHER /

BIRTHPLACE OF MOTHER (State or country) /

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christiana Schlupter

(Address) 1179 York Road

Filed 11/17 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1908 to Nov 14 1908 that I last saw him alive on Nov. 14 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion / Syncope

(DURATION) 3 DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) Not known DAYS

(Signed) William F. Tillsbury M.D.

Address 1801 Yorke Road

Date Nov. 16th 1908 190

Place of Burial Loudon Park

Date Nov 17th 1908

Undertaker Chas E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17203 Registered No. B C17203

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1351 Andre St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Wagner

{Residence, if in Baltimore, Give Street and Number.} 1351 Andre St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 12 1908
AGE	— years, — months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Frank Wagner
BIRTHPLACE OF FATHER (State or country)	Hungary.
MAIDEN NAME OF MOTHER	Anna Dengler
BIRTHPLACE OF MOTHER (State or country)	Hungary
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Wagner (father)

(Address) 1351 Andre St

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h~~im~~ alive on ~~1908~~

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate

Natural Immunity

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas M Reinhardt M.D

Address Coroner

Date Nov 16 1908

Place of Burial Holy Cross R. C. Cem

Date Nov 17 1908

Undertaker Jos. Stanchak

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

24

C17204

78

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17204

City of Baltimore, (No. 1459, Sherman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: (Month) (Day) 1838 (Year)

AGE: 70 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Eastern Shore

FULL NAME OF FATHER: Last Known

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert A. Gay

(Address) 205 N. Patterson Pk

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 15th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Nov. 15th 1908 that I last saw h[er] alive on Nov. 10 1908, and that death occurred, on the date stated above, at 8 M. The CAUSE OF DEATH was as follows:

Heart disease (Endocarditis)

(DURATION) DAYS

Contributory Bronchitis

(DURATION) DAYS

(Signed) Jennie N. Brown M.D.

Nov. 16th 1908 (Address) 1223 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ✓ How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet	Nov 18 1908
UNDERTAKER	ADDRESS
Jos. Stuntebeck Jr	1818 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17205

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 908 Stirling St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. Koester

Residence, Give Street and Number, 908 Stirling St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	March 26 1908
AGE	years, 7 months, 20 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	City
FULL NAME OF FATHER	Charles A Koester
BIRTHPLACE OF FATHER (State or county)	City
MAIDEN NAME OF MOTHER	Agnes Mullan
BIRTHPLACE OF MOTHER (State or county)	City
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles A Koester

(Address) 908 Stirling

Filed 11/17 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 16 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Nov 16 1908

that I last saw h-- alive on Nov 16 1908

and that death occurred, on the date stated above, at 3 20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Double Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Carcinomatosis

(DURATION) DAYS

(Signed) J M Kenton M. D.

Address 712 E Chase St

Date Nov 16 1908

Place of Burial St. Alphonsus Cemetery

Date November 18 1908

Undertaker Henry Storck & Son

Address 1301 E. Eager St.

Remarks

Ward 9

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17206

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2025 E Oliver St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John George Parr

Residence, Give Street and Number, 2025 E Oliver St.

Duration of Residence in Baltimore, about 60 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: Has lived 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John A. Parr

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Rosa Parr

(Address) 2025 E. Oliver St.

Filed 11/7 1908

BARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov 16th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Nov 16th 1908

that I last saw him alive on Nov 15th 1908

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Senility

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) S. O. Toner M. D.

Address 1501 E Eager St

Date Nov 16th 1908

Place of Burial Holy Redeemer Cemetery

Date November 19 1908

Undertaker Henry Storck & Son

Address 1201 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B 017207

Registered No. D .....

City of Baltimore, (No. 1527, Nicholson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E. Booker

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Black

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 11 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Nov 11 1908

that I last saw him alive on Nov 10 1908,

and that death occurred, on the date stated above, at 7.50 a. m. The CAUSE OF DEATH was as follows:

Indigestion

(DURATION) 1 DAYS

Contributory

(DURATION) — DAYS

(Signed) C. E. Booker M. D.

Nov 12 1908 (Address) 620 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Pikesburg Va | DATE OF BURIAL: Nov 13 1908

UNDERTAKER: Fleet Hemsley | ADDRESS: 5728 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17208

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1021 N. Central Ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie A. Schnuefer

Residence, Give Street and Number, 1021 N. Central Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Sept. 6" 1908

AGE ~ years, 2 months, 7 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~ Sing-le

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Geo. Schnuefer.

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Gertrude McNulty

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Schnuefer

(Address) 1021 N Central Ave

Filed 11/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 16th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1908 to Nov 16th 1908

that I last saw her alive on Nov 15th 1908

and that death occurred, on the date stated above, at 8 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION) Life DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) L. M. C. Parker M. D.

Address 1051 Aisquith St

Date Nov 16th 1908

Place of Burial Holy Redeemer Cem

Date Nov. 17" 1908

Undertaker Geo M. Fink

Address 811 N. Wolfe st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

67

CERTIFICATE OF DEATH.

Registered No. B C17209

City of Baltimore, (No. 2103 Bolton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathan A. Bacharach

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Alex Bacharach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbette

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED - Retired Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver Bacharach

(Address) 2103 Bolton St

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 15th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 14 1906 to Nov. 15 1908 that I last saw him alive on Nov 15th 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Dementia Paralytica

2 years 9 mos. (DURATION) ~~DAYS~~

Contributory "Uraemia"

(DURATION) 2 DAYS

(Signed) Louis P. Hamburger M. D.

Nov. 16th 1908 (Address) 207 Eutaw Pl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Hebrew Cemetery	Nov. 18th 1908
UNDERTAKER	ADDRESS
Hart & Sondheim	923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C17210 Registered No. B C17210

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 W Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Carey

{ Residence, if in Baltimore, Give Street and Number. } 1217 W. Lanvale St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: — 1836

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Lyons

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C Carey

(Address) 1217 Lanvale St

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Nov 16 1908 that I last saw h[er] alive on Nov 15 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Inoperable Carcinoma breast - Acute dil[atation] heart (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. J. Kirby M.D.

Address 106 E North Ave

Date Nov 17, 1908

Place of Burial New Cathedral

Date Nov 18th 1908

Undertaker Marshall Tobey & Son

Address 606 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C17211 Registered No. B C17211

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 Goulds Lane St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Amanda Wilson

{Residence, if in Baltimore, Give Street and Number.} 26 Goulds Lane

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Henrietta Miles

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Wilson Son

(Address) 18 Goulds Lane

Filed 11/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h— alive on ——— 190

and that death occurred, on the date stated above, at 10.25 A.M. CAUSE OF DEATH (Secondary or Immediate

Rheumatism

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Edw M Reinhardt M.D

Address Coroner

Date Nov. 16 1908

Place of Burial COLLEGE OF P & S

Date NOV 16 1908. FOR ANATOMICAL PURPOSES

Commissioner Health.

Undertaker Per. Wm. E. Woodall

Address City to Univ

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17212 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C17212

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 W. Lanvale St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Franklin

Residence, Give Street and Number, 214 W. Lanvale St.

Duration of Residence in Baltimore, 39 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH December 1820

AGE 87 years, 10 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Poland

FULL NAME OF FATHER Phineas M. Heilprin

BIRTHPLACE OF FATHER (State or county) Poland

MAIDEN NAME OF MOTHER Hannah Lipschuetz

BIRTHPLACE OF MOTHER (State or county) Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fabian Franklin

(Address) 103 W. Monument St.

Filed 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 16th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15th 1908 to Nov 16th 1908

that I last saw her alive on Nov 16th 1908

and that death occurred, on the date stated above, at 12.45 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis - acute Congestion of the Lungs - and Senility.

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Lightner M. D.

Address 211 W. Lanvale

Date Nov 16th 1908

Place of Burial Oheb Shalom Cem

Date Nov 18th 1908 ~~190~~

Undertaker New Jerusalem Burial Co

Address 300 N. Madison St

Remarks

BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY

THE PHYSICIAN WILL

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C17213

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17213

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 603 Greenmillon St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurence M. Johnson.

Residence, Give Street and Number, 603 Greenmillon St.

Duration of Residence in Baltimore, 29 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: unknown 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER Henry Johnson

BIRTHPLACE OF FATHER (State or couuty) Va

MAIDEN NAME OF MOTHER Martha Johnson

BIRTHPLACE OF MOTHER (State or county) Va.

OCCUPATION OF DECEASED Coal

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Johnson

(Address) 507 Robert St

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 15 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Sims Bateman M. D.

Address 706 N. Laf. Ave (Cross)

Date Nov. 15 1908

Place of Burial Samuel Ashbury

Date Nov 18 1908

Undertaker Harry W. Adams

Address 1006 Pennsylvania Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C17214

CERTIFICATE OF DEATH.

Registered No. B C17214

City of Baltimore, (No. 516 E 23rd St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret K Benner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 5 1835 (Month) (Day) (Year)

AGE: 73 years, 5 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Louis Piffino

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Cathrine Weiss

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Benner

(Address) 516 E 23 St

Filed 11/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/16 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 11/14/1908 to 11/16/1908 that I last saw h[illegible] alive on 11/15/1908, and that death occurred, on the date stated above, at 5 A M. The CAUSE OF DEATH was as follows:

Uraemia

(DURATION) (?) DAYS

Contributory Syncope

(DURATION) DAYS

(Signed) H S Gosnell M. D.

11/16 1908 (Address) 571 E 22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount Cem

DATE OF BURIAL: Nov 18 1908

UNDERTAKER: Jos Bloom

ADDRESS: 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99

CERTIFICATE OF DEATH.

Registered No. B 017915

City of Baltimore, (No. 326 W. 21st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine M. Kapp.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 3 1870 (Month) (Day) (Year)
AGE	38 years, 9 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married -
BIRTHPLACE (State or country)	Baltimore md -
FULL NAME OF FATHER	Henry H. Shriver
BIRTHPLACE OF FATHER (State or country)	Boonsboro md -
MAIDEN NAME OF MOTHER	Elizabeth Sommer
BIRTHPLACE OF MOTHER (State or country)	Maryland -
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. T. Kapp -

(Address) 326 W. 21st St -

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Nov. 15 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1908 to Nov. 15 1908 that I last saw her alive on Nov. 15 1908, and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Died suddenly in about 45 minutes from Pulmonary Oedema possibly Embolus -

(DURATION) — DAYS

Contributory Mitral Insufficiency

(DURATION) 1 7 5 DAYS

(Signed) J. Abercrombie M. D.

Nov. 16 1908 (Address) 1025 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorraine Cem	Nov 19 1908
UNDERTAKER	ADDRESS
F. S. Brooks	1003 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Having attended deceased for over 3 yrs for mitral insufficiency having recvd Rheumatism 2 yrs ago have seen patient almost constantly Dr J A A

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 17216

CERTIFICATE OF DEATH.

(Place of Death.) No. 1222 Columbia Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgiana Simmonet

Residence, Give Street and Number, 1222 Columbia Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. 3 1851

AGE: 57 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Louis Stallinger

BIRTHPLACE OF FATHER (State or county): Baltimore, Md.

MAIDEN NAME OF MOTHER: Jemimah M. Potter

BIRTHPLACE OF MOTHER (State or county): Baltimore, Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob H. Simmonet

(Address) 1222 Columbia Ave

Filed 11/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 15, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1908 to Nov. 15, 1908

that I last saw her alive on Nov. 14, 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemic Coma

(DURATION) 7 DAYS

Contributory (Primary) Interstitial Nephritis (DURATION) Beem ill 6 weeks DAYS

(Signed) J. C. Lunkin M. D.

Address 653 Columbia Ave.

Date Nov. 16, 1908

Place of Burial London Park Cem

Date November 18, 1908

Undertaker Jos. B. Cook

Address 1003 N. Balto St

Remarks

Ward 21 C17217 Registered No. B C17217

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1303 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick L Heiser

{Residence, if in Baltimore, Give Street and Number.} 1303 Columbia Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 22 — 1887
AGE	21 years, 2 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	John L Heiser
BIRTHPLACE OF FATHER (State or country)	Richmond Va
MAIDEN NAME OF MOTHER	Mary L Dekker
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Heiser

(Address) 1303 Columbia Ave

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15th 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to Nov 15 1908 that I last saw h[illegible] alive on Nov 14 1908, and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart (DURATION) 150 DAYS

Contributory (Primary.) Exhaustion (DURATION) 30 DAYS

(Signed) E Dulaney [illegible] M.D.

Address 517 Hodson

Date Nov 16 — 1908

Place of Burial London Park Cem

Date November 17 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 17 C17218 Registered No. B C17218

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2432 Belmont av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Colvin

{Residence, if in Baltimore, Give Street and Number.} 2432 Belmont av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored ~~White~~

DATE OF BIRTH March 8th 1908

AGE — years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Charles Colvin

BIRTHPLACE OF FATHER (State or country) Baltimore md

MAIDEN NAME OF MOTHER Elsie Martin

BIRTHPLACE OF MOTHER (State or country) Charles Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Charles Colvin

(Address) 2432 Belmont Ave

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Nov 15 1908 that I last saw h alive on Nov 13 1908, and that death occurred, on the date stated above, at 11 o'clock A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Artificial Feeding

(DURATION) — DAYS

(Signed) Thurlow Lord M.D.

Address 914 N Charles St

Date Nov 16 1908

Place of Burial Druid Cemetery

Date Nov 17 1908

Undertaker John H Owens & Son

Address 1322 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — C17219 — Registered No. B C17219

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 402 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Sliva

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: November 14 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Anton Sliva

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Tekla Panczek

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Sliva

(Address) 402 S. Regester St

Filed 11/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 16 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1908 to Nov 16 1908 that I last saw him alive on Nov 16 1908, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Debility (DURATION) 1 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) S. J. Szuwalski M.D.

Address 1713 Bank St

Date November 17 1908

Place of Burial St Stanislaus.

Date Tuesday Nov 17" 1908

Undertaker W. F. Sadowski

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C C17220

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. Bay View Hospital St.

Full Name Elizabeth Mohlhenrich

Residence, Give Street and Number, —

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
F.	W.

DATE OF BIRTH — 1.....

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address).....

Filed 11/17 190 8

BARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 15 — 190 8

I HEREBY CERTIFY, That I attended deceased from Oct 31 — 190 8 to Nov 15 190 8

that I last saw her alive on Nov 15 190 8

and that death occurred, on the date stated above, at 8 50 M.

CAUSE OF DEATH (Secondary or Immediate.)

Anemia & Exhaustion

(DURATION) — DAYS

Contributory (Primary) Heart Disease

(DURATION) ..... DAYS

(Signed) W H Eaton M. D.

Address Bay View Hospital

Date Nov 15 190 8

Place of Burial Bd of Centers

Date Nov 15th 190 8

Undertaker Geo Lenin Cockeran

Address 649 N Rath St

Remarks .....

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C17221

Registered No. C

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 752 W. Fayette St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Walter

Residence, Give Street and Number, 752 W. Fayette St

Duration of Residence in Baltimore, 14 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 12th 1839

AGE: 69 years, 4 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Virginia

FULL NAME OF FATHER: Jacob Mann

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula Walter

(Address) 752 W. Fayette St

Filed 11/17 190 8

MARY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 16th 190 8

I HEREBY CERTIFY, That I attended deceased from Aug. 12th 190 8 to Nov. 16th 190 8

that I last saw her alive on Nov. 16th 190 8

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Senility

(DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) Robt. J. Murray M. D.

Address 510 N. Fremont Ave

Date Nov. 17th 190 8

Place of Burial Onancock Va.

Date Nov 17 190 8

Undertaker J. W. Cook

Address 502 E. North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17222

CERTIFICATE OF DEATH.

(Place of Death.) No. 1810 Greenmount Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lydia C. Hawkins

Residence, Give Street and Number, 1810 Greenmount

Duration of Residence in Baltimore, 5 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: colored

DATE OF BIRTH: .....

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Henry Hoffman

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Lydia Shere

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hawkins

(Address) 1810 Greenmount Av

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 14, 1908.

I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1908 to Nov. 14, 1908.

that I last saw h alive on Nov. 14, 1908.

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 5 DAYS

Contributory (Primary) Nephritis & bronchitis (DURATION) ? DAYS

(Signed) L. Tuxford Thompson M. D.

Address 1205 E. Preston St.

Date Nov. 15, 1908.

Place of Burial Loudon Park

Date Nov. 18 1908

Undertaker Wm Cook

Address 502 E. Hartford

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. C 017223

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 N. Parrish Alley St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thos. H. Nelson

Residence, Give Street and Number, 927 N. Parrish Alley

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Col

DATE OF BIRTH: Unknown 1

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Nelson

(Address) 927 N. Parrish Alley

Filed 11/17 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 16 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital debility

from birth (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Oscar Bachrach M. D.

Address 700 N. Lafayette (Comm.)

Date Nov. 17 1908.

Place of Burial Mt. Hope

Date Nov 17th 08 1908

Undertaker Lafayette Burial

Address 1364 W. Baltimore St.

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C17224

CERTIFICATE OF DEATH.

(Place of Death.) No. 2010 Brunt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Johnson

Residence, Give Street and Number, 2010 Brunt St.

Duration of Residence in Baltimore, 8yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Afro-Am

DATE OF BIRTH: January 7th, 1895

AGE: 13 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Annapolis Md.

FULL NAME OF FATHER: Jacob Johnson

BIRTHPLACE OF FATHER (State or county): Talbot Co. Md.

MAIDEN NAME OF MOTHER: Matilda Ackwood

BIRTHPLACE OF MOTHER (State or county): Annapolis, Md.

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Johnson

(Address) 2010 Brunt St.

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1908 to Nov. 15th 1908

that I last saw h[illegible] alive on Nov. 15th 1908

and that death occurred, on the date stated above, at 9:30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 15 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) A. Lee Ellis M. D.

Address 824 Mad. ave

Date 11/16 1908.

Place of Burial Mt Auburn

Date Nov 18 1908

Undertaker W. J. Johnson

Address 614 W Baker St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C17225 Registered No. B .....

CERTIFICATE OF DEATH.

C17225
154

(Place of Death.) No. Bay View Hospital Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Copper

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Lemar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1908

I HEREBY CERTIFY, That I attended deceased from June 17 1908 to Nov 16 1908 that I last saw him alive on Nov 16 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Senility ..... (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date Nov. 16 - 1908 190..

Place of Burial Mt. Auburn Cemetery Baltimore Co. Md.

Date 1908

Undertaker Wm. J. Johnson

Address 614 Gilmor St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 2

C17226

Registered No. B C17226

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 N. Sharp St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida V. Byus

{Residence, if in Baltimore, Give Street and Number.} 502 N. Sharp St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mch 4 1864

AGE: 44 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles F. Roseveg

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lucy L. Billups

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane B Byus

(Address) 502 S Sharp

Filed 11/17 1908

NANCY C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH. Nov. 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8 1908 to Nov 15 1908 that I last saw h alive on Nov 14 1908, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) L. M. Lumpkin M.D.

Address 602 S. Paca St

Date Nov 16 1908

Place of Burial LOUDON PARK

Date NOV 18 1908 190

Undertaker ARRINGTON'S

Address 715 LIGHT STREET

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C 017227

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 2118 Vine St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estella L Brentenbach

Residence, Give Street and Number, 2118 Vine St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: September 29th 1904

AGE: 4 years, 1 months, 18 days

SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED.

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Wm H. Brentenbach

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Catherine Dautsch

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Brentenbach

(Address) 2118 Vine St

Filed Nov 17 1908

HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 16 — 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Nov 16 1908

that I last saw her alive on Nov 15 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchs - Pneumonia

Probably (DURATION) 7 DAYS

Contributory (Primary) Gastritis (DURATION) 1 DAYS

(Signed) Henry C. Friel M. D.

Address 1203 W. Fayette St

Date Nov 16th 1908

Place of Burial Loudon Park Cemetery

Date November 18th 1908

Undertaker F B Wiesmeyer

Address Frederick Av - Edgar

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11th

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17228

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Maryland University Hosp St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Keath

Residence, Give Street and Number, Whiteford Harford Co

Duration of Residence in Baltimore, 10 days

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F

COLOR: W

DATE OF BIRTH: 1

AGE: 16 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Frank Keath

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or county): Not known

OCCUPATION OF DECEASED: Not known

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. V. Day

(Address)

Filed Nov 18 1905 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 17 1905

I HEREBY CERTIFY, That I attended deceased from Nov 8 1905

that I last saw h alive on 190

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate,)

Septic pneumonia

Burns from

coal oil flames

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Calvert J. Merkle M. D.

Address Conn

Date Nov 17 190

Place of Burial Whiteford Md

Date Nov 18 1905

Undertaker Fred B. Stark

Address 1903 W Baltimore St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and date of death*** of the person deceased.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C17229 Registered No. C17229

CERTIFICATE OF DEATH.

48

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Buckstaum

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH —

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/18 190 8 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 16 1908

I HEREBY CERTIFY, That I attended deceased from 7/17 1908 to Nov 16 1908 that I last saw h[illegible] alive on Nov 16 1908 and that death occurred, on the date stated above, at 1 PM. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Chronic Rheumatic Arthritis (DURATION) — DAYS

(Signed) H H Eskew M. D.

Address Bay View Hospital

Date Nov 16 1908

Place of Burial St. Timothys Cemetery

Date November 18 1908

Undertaker Chas F. Graves

Address 118 N. Mt. Street

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes, under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

C17230

Registered No. C C17230 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1222 Jefferson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Miller.

Residence, Give Street and Number, 1222 Jefferson St.

Duration of Residence in Baltimore, 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 14 1848

AGE: 59 years, 4 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~ Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Mr Newman

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Miller

(Address) 1222 Jefferson St

Filed 11/18 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 16th 1908

I HEREBY CERTIFY, That I attended deceased from about 5th Nov 1908 to 16th Nov 1908

that I last saw her alive on 16th Nov 1908 about 5 P M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Valvular disease of Heart

Pericarditis Anasarca (DURATION) 600 DAYS

(Signed) Leo A. Reynolds M. D.

Address 807 N. Charles

Date Nov 17th 1908

Place of Burial Dallas Hollow Cemetery

Date November 18th 1908

Undertaker Chas. F. Evans

Address 118 N. Mt Royal

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17231

42

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Ella Hall

Residence, Give Street and Number, 628 Bradley Pk.

Duration of Residence in Baltimore, 30 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Feral

COLOR: Black

DATE OF BIRTH: 1

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed.

BIRTHPLACE (State or county): Va

FULL NAME OF FATHER: Nat Smith

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Annie Smith

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jon Herman Hall

(Address) 172 S Friendsbury

Filed 11/18 190 S HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 15 190

I HEREBY CERTIFY, That I attended deceased from Oct. 6 190 to Nov. 15 190

that I last saw her alive on Nov. 15 190

and that death occurred, on the date stated above, at 1 P. M.

CAUSE OF DEATH (Secondary or Immediate

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Inoperable Carcinoma of uterus.

(DURATION) DAYS

(Signed) Wm. P. Smith M. D.

Address City Hospital

Date Nov. 15 190

Place of Burial Loudoun Cem

Date Nov 18 190

Undertaker R. K. Elliott

Address 506 Rogers Ave

Remarks .....

Ward ..... C17232 Registered No. B C17232

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2932 St. Paul St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name William J. Blair

{ Residence, if in Baltimore, Give Street and Number. } 2932 St. Paul St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH July 16 1857

AGE 51 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto, Md

FULL NAME OF FATHER: Alexander Blair

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eliza Neely

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Blain

(Address)

Filed 11/18 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1908

I HEREBY CERTIFY, That I attended deceased from August 1908 to Nov 15 1908

that I last saw him alive on Nov 15 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

4 Mos. (DURATION) — DAYS

Contributory (Primary.) Indoor occupation

many years (DURATION) DAYS

(Signed) David Streit M.D.

Address 728 Cathedral

Nov 16 1908

Place of Burial Loudon Park Cem.

Date Nov. 14 1908

Undertaker Henry W. Mears & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BLACK LINES. ENCLOSED BY FORM WITH EXCEPTION OF PART TO FILL OUT THIS WILL FILL THE PHYSICIAN

Ward 12

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17233

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 2642 Francis St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank E. Winter

Residence, Give Street and Number, 2642 Francis St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 23 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Frank J Winter

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Maggie Fuller

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Winter

(Address) 2642 Francis St

Filed 11/18 1908

HARRY C. ANDREWS,
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14 1908 to Nov 17 1908

that I last saw h alive on Nov 17 1908

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) general tubercu-
losis. Acute. (DURATION) 8 mos DAYS

(Signed) H. E. Knight M. D.

Address 1002 W. Lanvale

Date Nov 17 1908

Place of Burial St Alphonsus

Date Nov. 18 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C17234 Registered No. B C17234

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 312 South Norris St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah A Bell

{Residence, if in Baltimore, Give Street and Number.} 312 South Norris St

Duration of Residence in Baltimore. 29 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 31 1880

AGE: 29 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Not living with husband

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Amey

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarah Amey

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Hildebrandt

(Address) 212 South Norris St

Filed 11/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept 15th 1908 to Nov 16 1908 that I last saw h.. alive on Nov 14th 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General asthenia

Contributory (Primary.) Tuberculosis (DURATION) 6 years

(Signed) Henry B Cook M.D.

Address Franklin Square Hospital

Date Nov 16th 1908

Place of Burial Loudon Pk

Date Nov 18 1908

Undertaker Wm Cook

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20

HEALTH DEPARTMENT, City of Baltimore.

C17235

Registered No. C 17235

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2028. W Pratt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Hick

Residence, Give Street and Number, 2028. W Pratt St

Duration of Residence in Baltimore, 60 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Dec 25 1830

AGE 77 years, 10 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Joseph Hick

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ferdinand Schmidt

(Address) 2028. W Pratt St

Filed 11/18 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1908 to Nov 17 1908

that I last saw h[illegible] alive on Nov 16 1908

and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Hemiplegia

(DURATION) 6 hrs ~~DAYS~~

Contributory (Primary) senility 10 yrs.

(DURATION) ~~DAYS~~

(Signed) Howard Kelly M. D.

Address 2027. W Pratt

Date Nov 17 1908

Place of Burial Holy Cross Cem Ivy (Brooklyn)

Date Nov. 19. 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B 017236

City of Baltimore, (No. 815 Bloomingdale Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William M. Willis

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Willis

(Address) 815 Bloomingdale

Filed 11/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 12 1908 to Nov 17 1908 that I last saw him alive on Nov 16 1908, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Aortic Stenosis

..... (DURATION) ..... DAYS

Contributory Uraemia Coma

..... (DURATION) ..... DAYS

(Signed) L. C. Joyce M. D.

Nov 19 1908 (Address) 1801 N Mont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Nov. 19 1908

UNDERTAKER: Wm Cook — ADDRESS: 501 Mont Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 17237

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Salvatore Letri

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. | COLOR W.

DATE OF BIRTH — 1

AGE 21 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ S.

BIRTHPLACE (State or county) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct 14 1908 to Nov 15 1908 that I last saw h in alive on Nov 15 1908 and that death occurred, on the date stated above, at 10 20 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia - Acute.

(DURATION) 10 DAYS

Contributory (Primary) Pulmonary Phthisis

(DURATION) DAYS

(Signed) W. W. Eshy M. D.

Address Bay View Hospital

Date Nov 15 1908

Place of Burial Sacred Heart Cem.

Date Nov. 18, 1908

Undertaker Chas. F. Evans.

Address 118 N. Mt. Royal Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C17238 Registered No. B C17238

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1204 E. Preston st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary B Kavanaugh

{ Residence, if in Baltimore, Give Street and Number. } 1204 E. Preston st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER: John Cassidy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Henry

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary C Kavanaugh

(Address) 1204 E Preston

Filed 11/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16 1908

I HEREBY CERTIFY, That I attended deceased from October 1 1908 to November 16 1908 that I last saw her alive on November 12 1908 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute tuberculosis

(DURATION) 47 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. G. Rusk M.D.

Address 2000 E. Baltimore st

Date November 17 1908

Place of Burial St Vincents

Date Nov 19 1908

Undertaker Wm J Schillinger

Address 91 Patapsco Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C17239 Registered No. B C17239

CERTIFICATE OF DEATH. 17

(Place of Death.) No. 1500 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara W. Kaiser

{ Residence, if in Baltimore, Give Street and Number. } 1512 N. Bethel St.

Duration of Residence in Baltimore: Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 30th 1887

AGE 21 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Anthony S. Kaiser

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Henriette F. Raabe

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony S. Kaiser

(Address) 1512 N. Bethel St.

Filed 11/18 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1908 to Nov. 18th 1908

that I last saw her alive on Nov. 17th 1908

and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Acute Pulmonary Edema

(DURATION) DAYS

(Signed) Geo. W. Lauenstein M.D.

Address 635 Mosher St.

Date November 18th 1908.

Place of Burial London Park Cem.

Date Nov. 21st 1908

Undertaker Mr. & Mrs. John H. Teufel

Address 81 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. C C17240

C17240

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 628 Penn alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Dillman

Residence, Give Street and Number, 628 Penn alley

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR C

DATE OF BIRTH 1855

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Peter Parkins

BIRTHPLACE OF FATHER (State or county) — Md

MAIDEN NAME OF MOTHER Ann Parkins

BIRTHPLACE OF MOTHER (State or county) — Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Bone

(Address) 628 Penn alley

Filed 11/18 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 14 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M.

CAUSE OF DEATH (Secondary or Immediate,)

Asthma

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M. D.
Coroner

Address

Date Nov 16 1908

Place of Burial Furnace Branch

Date Nov 16 1908

Undertaker Samuel H Cole Son

Address 1400 Madison Ave

Remarks

Ward W

Registered No. B C17241 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 S Greene Street St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Sylvestkis

{ Residence, if in Baltimore, Give Street and Number. } 113 S Greene St

Duration of Residence in Baltimore. 6½ months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 14" 1908

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Paul Sylvestkis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Nellie

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Sylvestkis

(Address) 113 S Green St

Filed 11/18 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Nov 10 1908

that I last saw h[illegible] alive on Nov 10 1908,

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate.)

General Exhaustion

(DURATION) 3 M & A DAYS

Contributory (Primary.) Malnutrition

(DURATION) ..... DAYS

(Signed) Robt E Bay Jr 3rd yr Med - assistant. M.D.

Address University Hospital

Date Nov 19 1908

Place of Burial St Agatha's

Date Nov 18 1908

Undertaker N S Finch

Address 2113 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C17242 — Registered No. B C17242

CERTIFICATE OF DEATH.

(Place of Death.) No. 505 N. Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard muenching

{Residence, if in Baltimore, Give Street and Number.} 505 N. Park Ave. Saratoga

Duration of Residence in Baltimore. 25 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Nov 8 1881

AGE: 27 years, months, 8 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frank muenching

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary C Rundschuh

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank muenching

(Address) 138 N Paca St

Filed 11/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 16 1908

I HEREBY CERTIFY, That I attended deceased from May 9 1908 to Nov 16 1908 that I last saw him alive on 11 16 1908 and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Mercuglitis

(DURATION) 7 DAYS

Contributory (Primary.) Pneumonia

Bacillary (DURATION) 60 DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton ave

Date Nov 17 1908

Place of Burial Holy Redeemer

Date Nov 19th 1908

Undertaker Wendell Diffenbaugh & Son

Address 322 E Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

GENERAL AFFIDAVIT.

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, That this 19th, day of November A. D. 190 8, before me, the subscriber a Justice of the Peace of the said State, in and for the City aforesaid, personally appeared A.C. Hearn, Physician, residing at # 156 N. Milton Ave.

and made oath in due form of law that he in making out the death certificate of Bernhard Nieberding inadvertentely spelled the name Neuberding instead of Nieberding,

A. C. Hearn M.D.

Subscribed and sworn to before me this 19th, day of November 1908.

Lewin L. Gibbs J.P.

C-1242

deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Rear 3 Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Downs

{Residence, if in Baltimore, Give Street and Number.} 1106 N Stockton St

Duration of Residence in Baltimore. [redacted]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1870

AGE: 38 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Lynn Downs

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Eliza Ghuse

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Stevedor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse Downs

(Address) 1106 N Stockton St

Filed 4/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 = 1907

I HEREBY CERTIFY, That I attended deceased from [redacted] 190 to [redacted] 190

that I last saw h alive on [redacted] 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Drowning Accidental

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 ½ Greene St.

Date April 20 1908

Place of Burial [redacted]

Date 190

Undertaker

Address

PUBLIC HEALTH
APR 21 1908
Commissioner Health.
Per Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

S

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C17243

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 Greenmillon Court St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Downs

Residence, Give Street and Number, 922 Greenmillon Court

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Col

DATE OF BIRTH 1

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER John William

BIRTHPLACE OF FATHER (State or county) VA

MAIDEN NAME OF MOTHER Louisa Downs

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Downs

(Address) 718 Pierce St

Filed 11/18 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 17 1905.

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Consumption

One year (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baldwin M. D.

Address 706 N. Luf. Ave (Centre)

Date Nov 17 1905.

Place of Burial Mt Auburn

Date Nov 18 1905

Undertaker Alex Hennegan

Address 578 W. Biddle St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 C17244 Registered No. B C17244

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1233 Glyndon Ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Howard C. Martin

{Residence, if in Baltimore, Give Street and Number.} 1233 Glyndon Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Walter Martin

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Kate Deanlan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 11/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1908 to ... 190...

that I last saw h... alive on Nov. 16 1908

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

Dan This child had once had been treated at Garrett Hospital (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. E. Pound M.D.

Address 1302 W. Lombard

Date Nov 17 1908

Place of Burial Western Cem.

Date Nov 18th 1908

Undertaker John J. Fields

Address 1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C17245 Registered No. B C17245

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1115 Woodley Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Jane Yingling

{Residence, if in Baltimore, Give Street and Number.} 1115 - Woodley . Av

Duration of Residence in Baltimore. 22 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH May 20th 1876

AGE 32 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Indiana

FULL NAME OF FATHER Wm Marshall

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rachel Lindsey

BIRTHPLACE OF MOTHER (State or country) Indiana

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse F. Yingling Jr

(Address) 1115 Woodley Av

Filed 11/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Nov 17 1908 that I last saw her alive on Nov 17 1908 and that death occurred, on the date stated above, at 8.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia contributed

Heart

(DURATION) 13 DAYS

Con'tributory (Primary.) Heart

(DURATION) 13 DAYS

(Signed) Dr. G. W. Kennard M.D.

Address 708 Endor St

Date Nov 17 1908

Place of Burial Loudon Park

Date Nov 19th 1908

Undertaker Geo. Weber

Address 1155 N. Carey Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17246 Registered No. B .....

114

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Tompkins Jr. D.

{ Residence, if in Baltimore, Give Street and Number. } Fredericksburg Va

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J Edmd Tompkins

(Address) Fredericksburg Va

Filed 11/18 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 18" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Nov 18 1908 that I last saw h— alive on Nov 18 1908, and that death occurred, on the date stated above, at 430 a m. CAUSE OF DEATH (Secondary or Immediate)

Cholaemia

Internal hemorrhages (?)

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date November 18 1908

Place of Burial Fredericksburg Va

Date Nov 18 1908

Undertaker Reid & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C17247 — Registered No. C C17247

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1527 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Dougherty

Residence, Give Street and Number, 1527 N. Wolfe St.

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female — COLOR White

DATE OF BIRTH 1848

AGE 60 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~ Widow

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Miles Cavanaugh

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. L Dougherty

(Address) 1527 N. Wolfe St.

Filed 11/18 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 16th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16th 1908 to Nov 16th 1908

that I last saw h~~er~~ alive on Nov 16th 1908

and that death occurred, on the date stated above, at 2 15 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) 8 1/2 hours ~~DAYS~~

Contributory (Primary) Pneumonia

3rd & fourth (DURATION) 100 DAYS

(Signed) Edward Adams M. D.

Address 2 E Eutaw & Biddle Nov 17th

Date 1908

Place of Burial Cathedral Cemetery

Date Nov. 19th 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

HEALTH DEPARTMENT, City of Baltimore.

C17248

Registered No. C C17248

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1634 N Durham St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph L Wilhelm

Residence, Give Street and Number, 1634 N Durham

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH July 13 1898

AGE 10 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Edgar M Wilhelm

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Mary E McGuenny

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar M Wilhelm

(Address) 1634 N Durham

Filed 11/18 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 16th 1908

I HEREBY CERTIFY, That I attended deceased from about 13th Nov 1908 to 16th Nov 1908

that I last saw him alive on 16th Nov 1908

and that death occurred, on the date stated above, at about 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Ethmoiditis

Rheumatism acute articular

Contributory (Primary) Valvular disease of heart (DURATION) about 1 DAYS

(DURATION) 60 DAYS

(Signed) Chas E Reynolds M. D.

Address 809 N Charles

Date Nov 17th 1908

Place of Burial Cathedral Cemetery

Date Nov 19th 1908

Undertaker Chas F Evans

Address 118 N. Mt Royal

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17249

Ward 9

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 639 Gorsuch Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James M Coulling

Residence, Give Street and Number, 2126 Ashland Ave

Duration of Residence in Baltimore, 22 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W

DATE OF BIRTH June 9, 1856

AGE 52 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER David Coulling

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Annie Parker

BIRTHPLACE OF MOTHER (State or county) Va.

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Marion Coulling

(Address) 2126 Ashland ave

Filed 11/18 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 17 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Indigestion

Sudden (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Joseph Cullen M. D.

Address Corner Ney

Date Nov 17-08 190

Place of Burial London Park Cemty

Date Nov. 20, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. C 17250

Ward 10 Registered No. C 36

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Marvin Goffinet

Residence, Give Street and Number, 142 N. Carey St. Balto.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 9 1/2 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: John Goffinet

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Goffinet

(Address) 142 N. Carey St

Filed 11/18 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 18 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1908 to Nov. 18 1908

that I last saw him alive on Nov. 18 1908

and that death occurred, on the date stated above, at 8.50 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Enteritis

(DURATION) — DAYS

Contributory (Primary) Congenital Lues

(DURATION) 9 mos. DAYS

(Signed) Harry L. Storrs, M. D.

Address Union Protestant Infirmary

Date November 18 1908

Place of Burial Baltimore Cemetery

Date Nov 19 1908

Undertaker Jos. Cook & Co

Address 302 E. North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12X

C17251

Registered No. B C17251

77

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital Bennington Lane & B St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Johnson

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH	1
AGE	29 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Sweden
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H J Warner M.D.

(Address) U.S. Marine Hospital

Filed 11/18 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17 1908

I HEREBY CERTIFY, That I attended deceased from September 23 1908 to November 17 1908 that I last saw him alive on November 17 1908 and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Tubercle of Lung.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H J Warner M.D.

Address U S Marine Hospital

Date Nov 17 1908

Place of Burial New Methodist Cemetery

Date Nov 19 1908

Undertaker H E Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL

Ward 11 Registered No. B C17252

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Bolton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline L Martin

{Residence, if in Baltimore, Give Street and Number.} 1112 Bolton St

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: white
DATE OF BIRTH: about 1821	1
AGE: 87 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	N. J.
FULL NAME OF FATHER	Jno P. Martin
BIRTHPLACE OF FATHER (State or country)	D. C.
MAIDEN NAME OF MOTHER	Isabella Innes
BIRTHPLACE OF MOTHER (State or country)	N. J.
OCCUPATION OF DECEASED	None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel S. Martin,

(Address) 756 Quincy St., Brooklyn N.Y.

Filed 11/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to Nov 17 1908 that I last saw h.. alive on Sept 1908, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

and old age

abt 10 minutes (DURATION) DAYS

Contributory (Primary.) old age

20 years (DURATION) DAYS

(Signed) G Lane Tompkins M.D.

Address 1103 Madison ave

Date Nov 18 1908

Place of Burial Old M.P. Cemetery Phila. Pa.

Date Nov. 19 1908

Undertaker D. M. Lean Co

Address 833 Linden ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C17253 Registered No. B C17253

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2828 Elliott St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franz Jasek

{Residence, if in Baltimore, Give Street and Number.} 2828 Elliott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 2 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Michael Jasek.

BIRTHPLACE OF FATHER (State or country) Austria.

MAIDEN NAME OF MOTHER Leonora Grenda.

BIRTHPLACE OF MOTHER (State or country) Austria.

OCCUPATION OF DECEASED 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Jasek.

(Address) 2828 Elliott St.

Filed 11/18 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17th 1908

I HEREBY CERTIFY, That I attended deceased from ....1908.... to ....1908....

that I last saw h.... alive on ....1908....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Greene St.

Date Nov 18 1908

Place of Burial St Stanislaus.

Date Thursday Nov 19 1908

Undertaker W.F. Sudowski.

Address 703 S. Amm St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** married or single, ***cause and date of death.***

Ward ..... Registered No. B C17254

C17254

106

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. H. Schumann

{ Residence, if in Baltimore, Give Street and Number. } 218 N. Green St

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas. Schumann

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Schumann

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1206 W. Lombard

Filed 11/18 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to Nov 16th 1908 that I last saw h-- alive on Nov 16th 1908, and that death occurred, on the date stated above, at 4.45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Septicemia

Puerperal Duodenal ulcer

resulting in (DURATION) 4 DAYS

Contributory (Primary.) Peritonitis

(DURATION) ..... DAYS

(Signed) W. H. Neumann M.D.

Address University Hospital

Date Nov. 16th 1908

Place of Burial Loudon Park

Date Nov 19 1908

Undertaker John J. Fields

Address 1206 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W

C17255 C17255 Registered No. 156

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 W Saratoga St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Aaron H Potts Potts

Residence, Give Street and Number, 727 W Saratoga St

Duration of Residence in Baltimore, 4 mos

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH 1

AGE about 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Pa

FULL NAME OF FATHER Wm. W. Potts

BIRTHPLACE OF FATHER (State or county) Pa

MAIDEN NAME OF MOTHER Mary Welch

BIRTHPLACE OF MOTHER (State or county) Pa

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Saunders

(Address) 217 S. Pace

Filed 11/18 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchopneumonia

Succeeds

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R. J. Martin M. D.

Address

Date Nov 18 1908

Place of Burial Pottsville Pa

Date Nov 21 1908

Undertaker Geo. Saunders. Jan

Address 217 S. Pace

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17256

151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17256

City of Baltimore, (No. 2647 Francis St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Mr.~~ Bertram H. Holt

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: White

DATE OF BIRTH: Nov 11 08 (Month) (Day) 1 (Year)

AGE: ~~7 mo~~ years, months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Chas E M Holt

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Price

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Holt (Mr)

(Address) 2647 Francis St.

Filed 11/18 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 18 08 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 15th 190 8 to Nov 17th 190 8 that I last saw him alive on Nov 17 190 8, and that death occurred, on the date stated above, at 230 P.M. The CAUSE OF DEATH was as follows:

Immature Full Child
was only 7 hrs Interval
Cause Premature Birth
unknown (DURATION) DAYS

Contributory Premature Birth (DURATION) DAYS

(Signed) H F Hill M.D.

Nov 18 1908 (Address) 1004 Eden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Pleasant Hill Cem

DATE OF BURIAL: Nov. 18 1908

UNDERTAKER: Chas. E Franck

ADDRESS: 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C17257 Registered No. B C17257

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1931 Asquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Brown

{Residence, if in Baltimore, Give Street and Number.} 1931 Asquith

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Howard

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ellen Keton.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. George F. Kinder

(Address) 193 Asquith st.

Filed 11/18 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1908 to Nov. 17 1908 that I last saw her alive on Nov. 16 1908, and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia Senile Exhaustion

(DURATION) DAYS

Contributory (Primary.) Hemiplegia (DURATION) 4 years DAYS

or Apoplexy 4 years and

(Signed) Haughton Baxley M.D.

Address Guilford Ave & 22nd

Date Nov. 17 1908

Place of Burial Mt Auburn Cemetery

Date November 20th 1908

Undertaker Felix Supe.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

67

CERTIFICATE OF DEATH.

C17258

Registered No. B.....

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 1347, York Road St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Sarah J. McCaslin

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	August 15th 1833 (Month) (Day) Year)
AGE	75 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Dont Know
FULL NAME OF FATHER	David Carman
BIRTHPLACE OF FATHER (State or country)	Dont Know
MAIDEN NAME OF MOTHER	Cathrine Marsh
BIRTHPLACE OF MOTHER (State or country)	Dont Know
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Baker

(Address) 1347 York Road

Filed Nov 18 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 12th 1908 to Nov 17 1908 that I last saw h-er alive on Nov 17 1908 and that death occurred, on the date stated above, at 9½ P. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 6 DAYS

Contributory Paresis

Some Months (DURATION) — DAYS

(Signed) James E Gaulin M. D.

Nov 18 1908 (Address) 1349 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys Cemetery	Nov 19 1908
UNDERTAKER	ADDRESS
E.W. Mitchell	120 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 M

Registered No. B 017259

1909

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 Andre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Poskocki.

{Residence, if in Baltimore. Give Street and Number.} 1432 Andre St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1 May 1908

AGE ——— years, 6 months, 16 days

SINGLE, ~~MARRIED~~ WIDOWED OR DIVORCED

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Alexander Poskocki

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Anna Miskiewicz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Prominsky

(Address) 1432 Andre St

Filed Nov 18 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 17 Nov 1908

I HEREBY CERTIFY, That I attended deceased from 14 Nov 1908 to 17 Nov 1908

that I last saw her alive on 17 Nov 1908

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Life (DURATION) ——— DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) James Loftus M.D.

Address 1211 Hull St

Date 18 Nov 1908

Place of Burial Holy Rosary

Date Nov 19 1908

Undertaker Joseph Zborowski

Address 1703 Alice Anne St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C17260 Registered No. B [illegible]

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Kratrowski

{Residence, if in Baltimore, Give Street and Number.} 604 South Ann St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 19 1884

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Franciszk Kratrowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Mary Ciganick

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Augustinick

(Address) 604 S Wolfe St

Filed Nov 18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Nov 17 1908 that I last saw h~~im~~ alive on Nov 17 1908, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

Emphysema

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Fuerbringer M.D.

Address Johns Hopkins Hospital

Date Nov 17 1908

Place of Burial Stanislaus

Date Nov 19 1908

Undertaker Joseph Zborowski

Address 1703 Aliceann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17261 Registered No. B 109

CERTIFICATE OF DEATH.

(Place of Death.) No. 631 W. Mulberry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Fleischmann

{ Residence, if in Baltimore, Give Street and Number. } 631 W. Mulberry St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 26 1908

AGE — years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Arthur Rapp.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Fleischmann

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mattern

(Address) 631 W Mulberry St

Filed Nov 18 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1908 to Nov 17 1908 that I last saw her alive on Nov 17 1908, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Haemorrhage of Bowels.

— (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) B. P. Herzog M.D.

Address 322 N Stricker St.

Date Nov. 18. 1908

Place of Burial Old Methodist

Date Nov 19th 1908

Undertaker William H. Hagdon

Address 851 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 2

Registered No. C 17262

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 406 South Paca St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agia Shvirevisky

Residence, Give Street and Number, 406 South Paca St.

Duration of Residence in Baltimore, 7 mnths.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR white

DATE OF BIRTH 1

AGE ..... years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Christian Shermunski

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Agnes Palusevic

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Shermunski.

(Address) 406 S. Paca St

Filed 11/19 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 11/18 1908

I HEREBY CERTIFY, That I attended deceased from Nov 3rd 1908 to Nov 18th 1908

that I last saw her alive on Nov 17 1908

and that death occurred, on the date stated above, at 6.30 M.

CAUSE OF DEATH (Secondary or Immediate,)

Asthenia

(DURATION) 2 DAYS

Contributory (Primary) Acute Gastro Enteritis

(DURATION) 12 DAYS

(Signed) E. B. Freeman M. D.

Address 643 Columbia ave

Date 11/18 1908

Place of Burial St. Alphonsus

Date November 19th 1908

Undertaker William Stalkowski

Address 424 S. Bond St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 C17263 Registered No. B C17263

CERTIFICATE OF DEATH.

(Place of Death.) No. 1436 Light St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Geo Henry Weaver

{Residence, if in Baltimore, Give Street and Number.} 1436 Light St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR White

DATE OF BIRTH Feby 16 1845

AGE 63 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo Henry Weaver

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Weaver

(Address) 1436 Light St

Filed 11/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Nov 16 1908 that I last saw h— alive on 11. 16 1908, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

24 hours (DURATION) — DAYS

Contributory (Primary.) Chronic Nephritis

One Year (DURATION) DAYS

(Signed) L. J. Tuckington M.D.

Address 1624 E Fort Ave

Date Nov 17 1908

Place of Burial WESTERN

Date NOV 19 1908 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — CT7264 — Registered No. B CT7264

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CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida P. Wyshan

{ Residence, ~~if in Baltimore~~, Give Street and Number. } Catonsville 11 Melrose Ave

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Apr 3 1888

AGE: 20 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles T Bonnett ~~Margaret E Marshall~~

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret E Marshall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Wyshan

(Address) Catonsville Md

Filed 11/19 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 16 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1908 to Nov. 16 1908 that I last saw h alive on Nov 16 1908, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

Ninety minutes (DURATION) — DAYS

Contributory (Primary.) Puerperal

Septicaemia (DURATION) 6 DAYS

(Signed) L. R. Lekites M.D.

Address Md. Homeop. Hospital

Date Nov. 16. 1908

Place of Burial Mt Olivet Cemetery Elkridge Md

Date Nov 19 1908

Undertaker Chas L. Priester

Address Catonsville Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. C17265

36

(Place of Death.) No. Bay View Hospital Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel J. Hines

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt. BAY VIEW ASYLUM.

(Address)

Filed 11/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Nov 18 1908 that I last saw him alive on Nov 18 1908, and that death occurred, on the date stated above, at 5 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Brain

(DURATION) ..... DAYS

Contributory (Primary.) Cerebral Syphilis (DURATION) ..... DAYS

(Signed) William T. Schwartz M.D.

Address Bay View Asylum.

Date November 18 1908

Place of Burial Mt Auburn Cemetery

Date November 19th 1908

Undertaker Geo. B. Pape

Address 132 E. Mulberry st,

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C17266 Registered No. B C17266

92

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Turner.

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. ~~Life~~ 6 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH Apr. 10, 1908

AGE ..... years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 11/19 1908. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1908 to Nov. 17 1908 that I last saw him alive on Nov. 17 1908, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carrollton Av.

Date Nov. 18, 1908

Place of Burial Cathedral Cemetery

Date November 19th 1908

Undertaker Felix P Puse.

Address 1021 E Fulton st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C17267

CERTIFICATE OF DEATH.

108

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kara

{ Residence, if in Baltimore, Give Street and Number. } 907 N. Callington Ave

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 3 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Kara

BIRTHPLACE OF FATHER (State or country): ~~Md~~ Bohemia

MAIDEN NAME OF MOTHER: Karolina Tuma

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kara

(Address) 907 Bohemia

Filed 11/19 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov 18 1908 to Nov 18" 1908 that I last saw h~~im~~ alive on Nov 18" 1908 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception -
Intestinal obstruction

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. D. Galeski M.D.

Address John Hopkins Hospital

Date Nov 18" 1908

Place of Burial Oak Hill

Date Nov 20 1908

Undertaker Frank Brockdon

Address 1904 Eastlond ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C17268 Registered No. C C17268

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 1629 W North Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carolina Bruce Seim

Residence, Give Street and Number, 1629 W. North ave.

Duration of Residence in Baltimore, About Forty (40) years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH ~~Nov. 18~~ June 25, 1849 ~~1908~~

AGE 59 years, 4 months, 24 days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Charlottesville Va

FULL NAME OF FATHER Robt. Bruce Hoffman

BIRTHPLACE OF FATHER (State or county) ~~Scotland~~ Charlottesville Va.

MAIDEN NAME OF MOTHER Mary Garner

BIRTHPLACE OF MOTHER (State or county) Albemarle Co. Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adelle Seim Bready,

(Address) 1629 N. North Ave

Filed 11/19 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1908 to Nov. 18 1908

that I last saw her alive on Nov. 17 1908

and that death occurred, on the date stated above, at 2.21 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Septic infection

(DURATION) 4 DAYS

Contributory (Primary) Carcinoma of breast (DURATION) Several Months DAYS

(Signed) B. Minor M. D.

Address 1039 Edmondson Ave

Date Nov. 18 1908

Place of Burial Loudon Park

Date Nov 21 1908

Undertaker Josiah Lyon

Address 1600 W North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C17269 Registered No. B C17269

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 E Biddle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick Decker

{ Residence, if in Baltimore, Give Street and Number. } 1211 E Biddle st

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Born December 16th 1834
AGE	73 years, 11 months, 2 days
SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	dont Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Carpenter + Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles G Decker

(Address) 1606 N Caroline St

Filed 11/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11th 1908 to Nov. 18th 1908 that I last saw h[illegible] alive on Nov 18th 1908, and that death occurred, on the date stated above, at 9.52 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

Chronic Nephritis

Diabetes Mellitus

(DURATION) 8 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jeffries Beck M.D.

Address 2844 St Paul St

Date Nov 18th 1908

Place of Burial Baltimore Cemetery

Date November 21st 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 64710

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1606 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Thomas

{ Residence, if in Baltimore, Give Street and Number. } Life 1606 E. Lombard St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Single

BIRTHPLACE (State or country): Collert Co Md

FULL NAME OF FATHER: John Thomas

BIRTHPLACE OF FATHER (State or country): Collert Co Md

MAIDEN NAME OF MOTHER: Cecelia Johns

BIRTHPLACE OF MOTHER (State or country): Collert Co Md

OCCUPATION OF DECEASED: House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William a Hall

(Address) 1606 E Lombard st

Filed 11/19 1908 HARRY C. ADAMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17, 1908

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1908 to Nov 18, 1908 that I last saw h alive on Nov 17, 1908, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Baltimore, Md, Nov 18, 1908

Place of Burial Mt Zion Cemetary

Date Nov 20 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 17271

CERTIFICATE OF DEATH.

95

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Block

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH .....1.....

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Jan 29 1908 to Nov 17 1908

that I last saw h im alive on Nov 17 1908

and that death occurred, on the date stated above, at 7 30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) DAYS

Contributory (Primary) Hypostatic

Pneumonia (DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Nov 17 1908

Place of Burial Hebrew Friendship Cemetery

Date Nov 19 1908

Undertaker Field & Fuller

Address 221 N Broadway

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. C 17272

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1738 Harford Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aaron Leonard Dyott (Dyott)

Residence, Give Street and Number, 1738 Harford Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M — COLOR W

DATE OF BIRTH 1

AGE 4 years, 1½ months, 4 days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Aaron T Dyott

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Rosina Mc Laughlin

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aaron T Dyott

(Address) 1738 Harford ave

Filed 11/9 1908

HARRY C. ANDREAS
PERMIT CLERK.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 18 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3

A M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

Suddey

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Dr Geo Carnelius M. D.

Address Cor Mo Ave

Date Nov 18 1908

Place of Burial Greenmount Cemetery

Date Nov 19 1908

Undertaker Wilbur W Shriver

Address 915 Fremont ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Registered No. C17273

CERTIFICATE OF DEATH.

(Place of Death.) No. 3505 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan E Tice

{Residence, if in Baltimore, Give Street and Number.} 3505 Falls Road

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 28th 1848

AGE: 60 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Leonard Kneff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lydia Masemore

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Tice

(Address) 3505 Falls Road

Filed 11/19 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 17 1908

that I last saw h[e] alive on Nov 17 1908

and that death occurred, on the date stated above, at 5:30 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia (DURATION) 17 DAYS

Contributory (Primary) Angina Pectoris (DURATION) 6 DAYS

(Signed) S. R. Wantz M.D.

Address 765 3rd Ave

Date Nov 18 1908

Place of Burial Druid Ridge

Date November 20 1908

Undertaker Horace Burns

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

142

CERTIFICATE OF DEATH.

C17274

Registered No. B.....

City of Baltimore, (No. 1719 Patterson Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret O'Connor.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH ..... (Month) ..... (Day) 1836 (Year)

AGE 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED ~~At Home~~ none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF M J Connor

(Informant) 1719 Patterson Ave

(Address) .....

Filed 11/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1908 to Nov. 17 1908 that I last saw h[er] alive on Nov 16 1908, and that death occurred, on the date stated above, at 9.55 A.M. The CAUSE OF DEATH was as follows:

Senile Gangrene & septic absorption. right foot.
six weeks ~~DAYS~~ (DURATION)

Contributory Ulcerative Bunion
about one ~~DAYS~~ (DURATION)

(Signed) J W Keown M. D.

Nov 17 1908 (Address) 1938 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New Cathedral

DATE OF BURIAL Nov 20 1908

UNDERTAKER Martin Tahey & Sons

ADDRESS 606 Fayette

WM. J. C. DULANY CO., BALTIMORE.

Registered No. C17275

CERTIFICATE OF DEATH.

8D

(Place of Death.) No. 1827 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elenora Reppert

{ Residence, if in Baltimore, Give Street and Number. } 1827 Riggs Ave

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 25th 1839

AGE 69 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER Jos. Powell

BIRTHPLACE OF FATHER (State or country) N. J.

MAIDEN NAME OF MOTHER Sarah Hodson

BIRTHPLACE OF MOTHER (State or country) N. J.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Mary E. Powell

(Address) 1827 Riggs Ave

Filed 11/19 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19. 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Nov 19 1908

that I last saw her alive on Nov 19 1908,

and that death occurred, on the date stated above, at 6-05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris a few months ~~DAYS~~ (DURATION)

Con'tributory (Primary.) Paralysis (DURATION) 4 years ~~DAYS~~

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date November 19 1908

Place of Burial Mt Olivet Washington Co. D.C.

Date Nov 21 1908

Undertaker Bertram & Son

Address 1729 N Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his last sickness, or other person superintending the burial, a certificate notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9th

CERTIFICATE OF DEATH.

Registered No. B C17276

City of Baltimore, (No. 823 Butler alley St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Lyons.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: March 31 (Month) 1 (Day) 1906 Year)

AGE: 1 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Horace Lyons.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sallie Thomas.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Lyons

(Address) 823 Butler alley

Filed 11/19 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 17 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Nov 17 1908.

that I last saw her alive on Nov 17 1908;

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Cardiac Lypemia.

5 (DURATION) DAYS

Contributory Bronchopneumonia

(DURATION) DAYS

(Signed) Henry Waesdander M. D.

Nov 17 1908. (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Nov 19 1908

UNDERTAKER: John H. Toadvin — ADDRESS: 1424 W. Hill St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

108

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C17277

Registered No. B.....

City of Baltimore, (No. 1210 Penna. Ave St. Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fern C. Blackalles

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April (Month) 1 (Day) 1884 (Year)

AGE: 24 years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Detroit Mich.

FULL NAME OF FATHER: Henry Blackalles

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: Marguerite E. Markley

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Rohde & Son

(Address) 730 Penna. Ave.

Filed 11/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1908 to Nov. 18 1908 that I last saw her alive on Nov. 18 1908, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Acute General Peritonitis

(DURATION) 5 DAYS

Contributory Acute Indigestion & Intestinal Obstruction (DURATION) 2 DAYS

(Signed) Oscar Baermann M. D.

Nov. 19 1908. (Address) 700 N. Laf. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Nov. 21 1908

UNDERTAKER: Wm. A Rohde & Son — ADDRESS: 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 — C17278 — Registered No. C 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 2619 Boone St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Child of Moses and Laurie Frazier

Residence, Give Street and Number, 2619 Boone

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE X years, X months, 3 days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Platin

(Address) 445-23-St-

Filed 11/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 5 a M.

CAUSE OF DEATH (Secondary or Immediate,)

Convulsion

(Sudden)

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Joseph Carruthers M. D.

Address Corner Md

Date Nov 18 1908

Place of Burial Laurel

Date Nov 19th 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave.

Remarks .....

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL IN THE SAID CITY IT SHALL BE THE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — C17279 — Registered No. B 18

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 Colvin — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Giovannina Arena —

{Residence, if in Baltimore, Give Street and Number.} 513 Colvin St.

Duration of Residence in Baltimore. 23 yrs —

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: + 1949

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Italy.

FULL NAME OF FATHER: Gaitano Iamanna

BIRTHPLACE OF FATHER (State or country): Italy —

MAIDEN NAME OF MOTHER: Tomasa Palumta

BIRTHPLACE OF MOTHER (State or country): Italy —

OCCUPATION OF DECEASED: Storekeeper —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Liberto

(Address) 504 Colvin St.

Filed 11/19 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 — 17 1908

I HEREBY CERTIFY, That I attended deceased from 11 — 9 1908 to 11 — 17 1908

that I last saw h— alive on 11 — 17 1908.

and that death occurred, on the date stated above, at 10 30 a.m.

CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis —

(DURATION) DAYS

Contributory (Primary.) Asthenia —

(DURATION) DAYS

(Signed) L. Bruno M.D.

Address 1604 Linden Ave

Date 11 — 18 — 1908

Place of Burial Holy Redeemer Cemetery

Date NOV 20 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C17280

City of Baltimore, (No. 327 Twenty Eight Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Mary Lehr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov (Month) 17 (Day) 1906 (Year)

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Lehr.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Susie Groves

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George. Lehr

(Address) 327-28 n. St.

Filed 11/19 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17 1908 to Nov 18 1908 that I last saw h e alive on Nov 19 1908, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Cyanosis (DURATION) 2 DAYS

Contributory Edema Neonatorum of mother (DURATION) 90 DAYS

(Signed) S. R. Wantz M. D.

Nov 19 1908 (Address) 765 N. Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetary	Nov 19 1908
UNDERTAKER	ADDRESS
Wm. E. Chenowith & Son	919 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... CT7281 Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 408 S. Collington Ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Michael

{ Residence, if in Baltimore, Give Street and Number. } 408 S. Collington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 13th 1850
AGE	57 years, 11 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Frederick Michael
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Eathrine
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Michael

(Address) 408 S. Collington Ave

Filed 11/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18th 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 22nd 1908 to Nov. 18th 1908 that I last saw him alive on Nov. 17th 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

1. Pulmonary Tuberculosis (DURATION) 80 DAYS

Contributory (Primary.) 2. Pneumonia (DURATION) 10 DAYS

(Signed) Wm. H. Johnson M.D.

Address 201 E. Baltimore St.

Date November 18th 1908

Place of Burial Mt. Carmel Cem.

Date 11/20/08 190

Undertaker J. Hering & Son

Address 2008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. C [illegible] CL7282

CERTIFICATE OF DEATH.

74 11

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Annie B. Jennings

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 5th December 1875

AGE 32 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Knox County Tenn

FULL NAME OF FATHER Uriah A. Rauser

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Mary E. Murphy

BIRTHPLACE OF MOTHER (State or county) Tenn.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. B. Jennings

(Address) Tenn.

Filed 11/19 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 18th 1908

I HEREBY CERTIFY, That I attended deceased from 15 Oct 1908 to Nov 18th 1908

that I last saw her alive on Nov 18 1908

and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Brain Tumor

Primary (DURATION) 4 months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) George J. Heuisler M. D.

Address Johns Hopkins Hospital

Date Nov. 19 1908

Place of Burial Bristol Tenn

Date Nov 19th 1908

Undertaker Hy W. Jenkins & Sons Co

Address 308 N Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 13283

66

(Place of Death.) No. 109 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Abraham Cooper

{ Residence, if in Baltimore, Give Street and Number. } 111 Aisquith

Duration of Residence in Baltimore. 15 yrs November (?)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 93 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER David Cooper

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Kaminsky

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Cooper Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Lingar

(Address) 1202 Jackson St

Filed 11/19 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Oct. 17 1908

that I last saw h[illegible] alive on Oct 17 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility Old age

(DURATION) DAYS

Contributory (Primary.) Hemiplegia (Paralysis) (DURATION) 4 [illegible]

(Signed) M. M. Savage, M.D.

Address 1121 E Baltimore St

Date Oct. 19th 1908

Place of Burial Hebrew Blank Rd

Date Nov. 19, 1908

Undertaker, May Lingar

Address 1620 N. Eldeney st

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 Registered No. C 17284 81

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Walters.

Residence, Give Street and Number, 26 Harrison St.

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR white

DATE OF BIRTH 1853

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Philadelphia

FULL NAME OF FATHER Ferber

BIRTHPLACE OF FATHER (State or county) France

MAIDEN NAME OF MOTHER Elizabeth Shepard

BIRTHPLACE OF MOTHER (State or county) Phila

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jn Walters

(Address) 26 Harrison St.

Filed 11/19 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1908 to Nov. 18 1908

that I last saw h er alive on Nov. 18 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis

mitral Stenosis (DURATION) DAYS

(Signed) Wm. Pechnik M. D.

Address City Hospital

Date Nov. 18 1908.

Place of Burial Balto. Cemetery.

Date November 20 1908

Undertaker E. A. Weidefeld Jr

Address 2113 Greenmount Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. C 017285 167

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Univ Hosp. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Askin

Residence, Give Street and Number, 841 Raborg St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX ♀ COLOR C

DATE OF BIRTH 1

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or couuty) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Laura Carter

(Address) 303 N. Hull St.

Filed 11/19 1905 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 18 1905

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Nov 1905

that I last saw h alive on ? 1905

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate,)

Burns from bed sheets

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Marlow M. D.

Address 1002 W Baltimore

Date Nov 18 1905

Place of Burial Laurel Md.

Date Nov 20 1905

Undertaker Saml H. Troxel

Address 200 N. Eutaw St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CT7286

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1911 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel McCurdy

{Residence, if in Baltimore, Give Street and Number.} 1911 E Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 16 1817

AGE: 51 — 51 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Samuel McCurdy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Stone Mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Gibson

(Address) 1911 E Monument St

Filed Nov 19 1908 HARRY C. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Nov 17 1908

that I last saw him alive on Nov 16 1908

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 6 DAYS

Con'tributory (Primary) Incontinuti

(DURATION) DAYS

(Signed) H. P. Gibson M.D.

Address 1731 E Baltimore St

Date Nov 17 1908

Place of Burial New Cathedral

Date Nov 20 1908

Undertaker Wm Schaeffer

Address 8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C172877

Registered No. B.....

City of Baltimore, (No. 716 N. Lanvale — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Emily Mullikin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~April~~ 29 (Day) 1850 (Year) — (Month)

AGE: 58 years, 6 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: ~~Single~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Richard B. Mullikin

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ellen Ogle

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ogle

(Address) 716 W Lanvale st

Filed Nov 19 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 18 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1908 to Nov. 1908

that I last saw h[illegible] alive on 17 Nov 1908, 1.30

and that death occurred, on the date stated above, at ... A. M. The CAUSE OF DEATH was as follows:

Cardiac Disease
(Valvular)

Since March 1908 (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. Towne Engle M. D.

18 Nov. 1908 (Address) 1007 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Washington D.C. — DATE OF BURIAL: Nov. 20 1908

UNDERTAKER: E. W. Mitchell — ADDRESS: 120 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward V

Registered No. C C17288

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Moore.

Residence, Give Street and Number, 4 E. Church St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto md

FULL NAME OF FATHER Charles Moore

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Annie Wilson

BIRTHPLACE OF MOTHER (State or county) Cambridge Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Moore

(Address) 4 E church st

Filed 11/20 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1908 to Nov. 19 1908

that I last saw h in alive on Nov. 19 1908

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

(DURATION) ..... DAYS

Contributory (Primary) Lobar

Pneumonia (DURATION) ..... DAYS

(Signed) Wm Schmit M. D.

Address City Hospital.

Date Nov. 19 1908

Place of Burial Laurel Cemetery

Date Nov 21st 1908

Undertaker L. K. Brown & Son

Address 108 N Montgomery St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17289

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 182 W Cross St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Chas. Weamert.

{ Residence, if in Baltimore, Give Street and Number. } 182 W. Cross. St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 17 1856

AGE 52 years, 4 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Adam Weamert.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Louise Bixler.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. E. Weamert

(Address) 182 W Cross St.

Filed 11/20 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 7 1905 to Nov. 17 1908 that I last saw h.. alive on Nov. 14 1905 and that death occurred, on the date stated above, at 9.02 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation.

Months — (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Sharp St

Date Nov. 19- 1908

Place of Burial Cathedral Cem.

Date November 20 1908

Undertaker Daniel and M. G. Flynn

Address 42 East West St

WM. J. C. DULANY. CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C17290 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 201 S Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Burkard

{Residence, if in Baltimore, Give Street and Number.} 201 S Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 5 1838

AGE 70 years; months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Guckert

BIRTHPLACE OF FATHER (State or country) Ger.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ger.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Peter Burkard

(Address) 201 S. Ann st

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18th 1908

I HEREBY CERTIFY, That I attended deceased from Nov-5th 1908 to Nov 18th 1908

that I last saw her alive on Nov-17-1908,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(Hemiplegia)

(DURATION) 7 DAYS

Contributory (Primary.) Arteria-

Sclerosis & Nephritis (DURATION) DAYS

(Signed) Albertus Cotton M.D.

Address 1828 E. Baltimore St

Date Nov-18th 1908

Place of Burial Holy Redeemer

Date Nov. 21 1908

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18

CERTIFICATE OF DEATH.

Registered No. B 017291

City of Baltimore, (No. 2011 Mary Ann St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie M Buggeln

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 27th 1894 (Month) (Day) (Year)

AGE: 14 years, 0 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Louis C Buggeln

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lizzie M Leonard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis C Buggeln

(Address) 2011 Mary Ann St

Filed 11/20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 18th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 18th 1908 to Nov 18th 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Heart Disease

Endocarditis (DURATION) 6 Mos

Contributory (DURATION) DAYS

(Signed) Edw A Mortimer M. D.

Nov 19th 1908 (Address) 235 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Nov 20 1908

UNDERTAKER: Jas B Cook | ADDRESS: 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B C17292 147

CERTIFICATE OF DEATH.

(Place of Death.) No. 249 Morling Ave. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Bertha Ann Harris

{ Residence, if in Baltimore, Give Street and Number. } 249 Morling Ave.

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 12th 1831

AGE 74 years, 1 months, 4 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balt. Co. Md.

FULL NAME OF FATHER Elijah Chilcoat

BIRTHPLACE OF FATHER (State or country) Balt. Co. Md.

MAIDEN NAME OF MOTHER Sarah Ensor.

BIRTHPLACE OF MOTHER (State or country) Balt. Co. Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B. McCauley

(Address) 249 Morling Ave

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 24th 1908 to Nov 19th 1908 that I last saw her alive on Nov 18th 1908 and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate

Gangrene of right foot. Ley

(DURATION) 240 DAYS

Contributory (Primary.) Valvular disease of heart (DURATION) 6 years

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Nov 19th 1908

Place of Burial St. Marys Ch.

Date Nov. 21 1908

Undertaker W. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 17293

CERTIFICATE OF DEATH. 93

(Place of Death.) No Bayview Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhemina Nielsen

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR W.

DATE OF BIRTH —

AGE 75 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, BAY VIEW ASYLUM.

(Address)

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 19 1908

that I last saw h alive on Nov 19 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate,)

Sepsis & Exhaustion

(DURATION) — DAYS

Contributory (Primary) Lobar Pneumonia

(DURATION) DAYS

(Signed) W. W. Baker M. D.

Address Bay View Asylum

Date Nov 19 1908

Place of Burial Mt Olivet.

Date Nov 21/08 1908

Undertaker Lowe Cook

Address 502 E Baltimore

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C 17294 Registered No. C 80

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 Eutaw Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Lamb Tighe

Residence, Give Street and Number, 1302 Eutaw Pl

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W.

DATE OF BIRTH Feb 14 1838

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Philip Henry Lamb

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Retired Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lamb Tighe

(Address) 1302 Eutaw Pl

Filed 11/20 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH, Nov. 20. 1908

I HEREBY CERTIFY, That I attended deceased from 190 to Nov. 20. 1908

that I last saw him alive on " 13 1908

and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate,)

Angina pectoris

Arteriosclerosis (DURATION) 3 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Geo. H. Hartman M. D.

Address 1131 N. Carolina St.

Date Nov. 20. 1908

Place of Burial Baltimore Cem.

Date Nov 22/08 1908

Undertaker Woodson

Address 502 E. North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C 17295 Registered No. C 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Jamison

Residence, Give Street and Number, 204½ E. Eutaw St.

Duration of Residence in Baltimore, 30 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: ~~White~~ Black

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Green

(Address) 204½ Eutaw St

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 19 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1908 to Nov. 19 1908

that I last saw h im alive on Nov. 19 1908

and that death occurred, on the date stated above, at 3.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Nephritis -

(DURATION) DAYS

Mitral regurgitation.

(Signed) Wm. Schmidt M. D.

Address City Hospital

Date Nov. 19 1908

Place of Burial Laurel Cemetery

Date Nov 22 1908

Undertaker Geo H. Hooper

Address 609 Little Rasart

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 19 C17296 Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. 895 Ratcliff St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. Bain

Residence, Give Street and Number, 895 Ratcliff

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR C

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Trunk Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 7 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Dis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. D.

Address

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL NOV 19 1908

Date 190

Undertaker Commissioner Health Per. Wm. E. WOODALL.

Address

Remarks

FOR ANATOMICAL PURPOSES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

220

Ward V C17297 C17297 Registered No. C 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 2027 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Sullivan

Residence, Give Street and Number, 2027 Eastern ave.

Duration of Residence in Baltimore, 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH July 1824

AGE 84 years, 4 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Martin Sullivan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Lenihan

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Sullivan

(Address) 2027 Eastern ave

Filed 11/20 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 17, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1908 to Nov 17, 1908 that I last saw him alive on Nov. 17 1908 and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis about 6 Mo. (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) Geo. Stiles M. D.

Address 1937 Gough St

Date Nov. 19 1908

Place of Burial New Cathedral Cem

Date Nov. 21 at 1908

Undertaker John A. Inocan

Address Bank & Aisquith

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital C17298 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Badger

{ Residence, if in Baltimore, Give Street and Number. } 1322 Woodyear St

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Adel Badger

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Lent

BIRTHPLACE OF MOTHER (State or country) no

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stella Badger

(Address) 1322 n Woodyear St

Filed 11/20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Nov 19 1908 that I last saw her alive on Nov 19 1908, and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 11 DAYS

Contributory (Primary) Nephritis (Unknown)

(DURATION) DAYS

(Signed) J. M. Bird M.D.

Address University Hosp

Date 11/19 1908

Place of Burial Emanuel, Accomac Co. Va.

Date November 21 1908

Undertaker John H. Toadvine

Address 142 W. Hill Streets.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Registrar, a certificate setting forth, as far as the same can be ascertained, the name, residence, sex, color, age, occupation, birthplace, and the **cause and date of death**, together with the **condition** (whether married or single) of the person deceased, and the name of the husband or wife, if any.

C 17299

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital ... John St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Hattie Mack

{ Residence, if in Baltimore, Give Street and Number. } 1110 Patterson St

Duration of Residence in Baltimore. 20 days

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Col

DATE OF BIRTH November 1 1908 1

AGE — years, — months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Mack

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Hattie Forbes

BIRTHPLACE OF MOTHER (State or country) Massachusetts

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mack

(Address) 1110 Patterson Pk

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 20 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 20 1908

that I last saw h[illegible] alive on " " 1908,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (?)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joe. T. Smith, Jr. M.D.

Address Johns Hopkins Hospital

Date Nov. 20 1908

Place of Burial 1st Evangelical Cem.

Date Nov. 21st 1908

Undertaker H. Lander Sons

Address 1710 Caudon Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 17300

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 114 So Fotheringham St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. John E McKeown

{ Residence, if in Baltimore, Give Street and Number. } 114 So Fotheringham

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	64 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ind
FULL NAME OF FATHER	Hugh McKeown
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillie E McKeown

(Address) 114 S. Fotheringham

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Quarter (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lafayette Ave

Date Nov 20 1908

Place of Burial Loudon Park Cem

Date November 23 1908

Undertaker John J. Corcoran

Address 701 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2415 Ettin & Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julia Shaw C17301

{Residence, if in Baltimore, Give Street and Number.} 2415 Ettin St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	Black
DATE OF BIRTH	1
AGE	27 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Manchester Va
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/20 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1908 to Nov. 16 1908

that I last saw h er alive on Nov 16 1908

and that death occurred, on the date stated above, at 8:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (Pulmonic + cerebral reported Suspicions).

(DURATION) 3 mos DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm. H. Wright. M.D.

Address 1373 N. Carey St

Date Nov. 17 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 20 1908 190

Undertaker

Address FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C1.302 Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. 1212 Edwards St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lelurlee Sturgeon

Residence, Give Street and Number, 1212 Edwards St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH 1

AGE 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Lindsay Sturgeon

BIRTHPLACE OF FATHER (State or county) Pa.

MAIDEN NAME OF MOTHER Kitty Logue

BIRTHPLACE OF MOTHER (State or county) Not Known

OCCUPATION OF DECEASED Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lena Sturgeon

(Address) 1410 Eutaw St

Filed 11/20 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 18 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 2:45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Suddenly

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Smith M. D.

Address Corner Mad

Date Nov. 18 08 1908

Place of Burial Baltimore Cemetery

Date November 21 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D 47605 C12303

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1605 N Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Krick

{ Residence, if in Baltimore, Give Street and Number. } 1605 N Regester Street

Duration of Residence in Baltimore. Since Child

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	78 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. E. Schmidt

(Address) 851 N Gay St.

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Nov. 19 1908

that I last saw her alive on Nov. 19 1908;

and that death occurred, on the date stated above, at 5

A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Dropsy

Five months

(DURATION) DAYS

Contributory (Primary.) Disease of heart and Kidneys

(DURATION) DAYS

(Signed) Geo. W. Simpson M.D.

Address 1026 N. Broadway

Date Nov. 20th 1908

Place of Burial Baltimore Cemetery

Date November 22nd 1908

Undertaker Henry Hirsch Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

50

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. R. Graham

Residence, Give Street and Number, 725 Columbia Ave

Duration of Residence in Baltimore, 64 yrs. C17304

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	white

DATE OF BIRTH June 28 1844

AGE 64 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Ellis C Graham

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Eliza Gordon

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth A Graham

(Address) 725 Columbia Ave

Filed 11/20 1908 HARRY O. ANDREWS? PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1908 to Nov 19 1908

that I last saw h[illegible] alive on Nov 19 1908

and that death occurred, on the date stated above, at 630 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Lobar

(DURATION) 6 DAYS

Contributory (Primary) Diabetes.

(DURATION) — DAYS

(Signed) S. H. Streett M. D.

Address Md Gen'l Hosp.

Date Nov 19 1908

Place of Burial Loudon Park

Date Nov 22 1908

Undertaker Wm J Fichtner and son

Address 42 West Madden St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Muhlbach.

{Residence, if in Baltimore, Give Street and Number.} Maryland Ave. Westport.

Duration of Residence in Baltimore. 41 yrs C 17305

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Born Feb 19 1867

AGE 41 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Christian Muhlbach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna Remcker

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Mrs Katie Muhlbach

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Muhlbach

(Address) Westport Md

Filed 11/20 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 19 1908

I HEREBY CERTIFY, That I attended deceased from 10/11/ 1908 to 11/19 1908

that I last saw him alive on 11/19 1908

and that death occurred, on the date stated above, at 12 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 6

Contributory (Primary) Abscess of the Liver (DURATION) 70

(Signed) J. H. Bird

Address University Hospital

Date November 19

Place of Burial Loudon Park

Date Nov 22

Undertaker William J. Tibbe

Address 425 West Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor Preston and Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Juliana Diesel

{ Residence, if in Baltimore, Give Street and Number. } Preston and Valley Sts

Duration of Residence in Baltimore. 65 yrs C 17306

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE	90 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Caspar Pfennig
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Eva Pfennig
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Little Sisters of Poor

(Address) Preston & Valley Sts

Filed 11/20 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on about 10 days before her death 190,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diarrhea

(DURATION) DAYS

Contributory (Primary.) True type of neck of thigh (DURATION) 12 days DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Nov 20 1908

Place of Burial St. Alphonsus

Date Nov. 21 1908

Undertaker Trudell Lippe & Bro

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1511 E Chase St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Finnerty

{ Residence, if in Baltimore, Give Street and Number. } 1511 E Chase St

Duration of Residence in Baltimore. 35 yrs

C17307

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Unknown

AGE about 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Finnerty

(Address) 1511 E. Chase

Filed Nov 20 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Nov 19 1908

that I last saw h.. alive on Nov 18 1908,

and that death occurred, on the date stated above, at 1.20 A.M. CAUSE OF DEATH (Secondary or Immediate) Cardiac Asthenia

Con'tributory (Primary) Pneumonia (DURATION) 2 DAYS

(DURATION) 4 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Nov 18 1908

Place of Burial Cathedral Cemetery

Date Nov. 21 1908

Undertaker R. & M. J. Flynn

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF B...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17308

City of Baltimore, (No. 2503 E Preston St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Schofield

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 66 years, ~ months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Cecil Co Md

FULL NAME OF FATHER: John McCaffetty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Brown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Howard Woodall

(Address) 2503 E. Preston St.

Filed 11/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov-10- 1908 to Nov-20 1908

that I last saw h.. alive on Nov-20 1908,

and that death occurred, on the date stated above, at 2.30 P.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 10 DAYS

Contributory

Paralysis (DURATION) DAYS

(Signed) F. J. Powers M. D.

Nov 20 1908 (Address) 2371 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Still Pond Md	Nov 23 1908
UNDERTAKER	ADDRESS
W. W. Spencer	Still Pond Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline L. Lang.

{ Residence, if in Baltimore, Give Street and Number. } 916 Light St. C17309

Duration of Residence in Baltimore. 70 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 7 1830

AGE: 78 years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Eberhard Mubley.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Caroline Klutz.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Confectioner.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lang

(Address) 916 Light St

Filed 11/21 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 21 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1908 to Nov. 21 1908

that I last saw her alive on Nov 20 1908,

and that death occurred, on the date stated above, at 1.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Collapse due to shock after breaking of two ribs by falling from Vertigo.

(DURATION) 6 DAYS

Contributory (Primary.) Stroke, as per above

(DURATION) 6 DAYS

(Signed) G. Lathrop Ewalt M.D.

Address 905 N. Fetmer St

Date Nov. 21 1908

Place of Burial Druid Hill Park Cutting

Date November 23 1908

Undertaker Mrs A Robertson

Address 730 Benna Ave

WM. J. C. DULANY CO., Baltimore.

ENCLOSED BY BLACK L

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART EN

CERTIFICATE OF DEA

(Place of Death.) No. 1221 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. Graham Sr

Residence, Give Street and Number, 1221 Stockholm "

Duration of Residence in Baltimore, 32 yrs C17310

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: July 1 1842

AGE: 66 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Scotland

FULL NAME OF FATHER: John Graham

BIRTHPLACE OF FATHER (State or county): Scotland

MAIDEN NAME OF MOTHER: C—

BIRTHPLACE OF MOTHER (State or county): Scotland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Jorsdens

(Address) 207 S. Paca st

Filed 11/21 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 19th 1908.

I HEREBY CERTIFY, That I attended deceased from Oct. 31st. 1908 to Nov. 18th 1908

that I last saw him alive on Nov. 18th 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's Disease of Kidneys.

Probably about 18 months (DURATION) DAYS

Contributory (Primary) A Weak heart (DURATION) ? DAYS

(Signed) Eleanor C. Price M. D.

Address 1012 Madison Ave

Date Nov 19 Th 1908

Place of Burial Loudon Park Cem

Date November 22 1908

Undertaker Jos Jorsdens. Son

Address 207 S. Paca "

Remarks

Ward 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 Pitcher St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Devereux

Residence, Give Street and Number, 618 Pitcher St.

Duration of Residence in Baltimore, 56 years. C 17311

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Autumn, 1

AGE: 81 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Arthur Devereux

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John Egan

(Address) 202 S. Stricker St

Filed 11/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 20 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Old Age & General debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Laf. Ave (Comes)

Date Nov. 20 1908.

Place of Burial St Peters Cemetery

Date Nov 23 # 1908

Undertaker H. C. Branning & Son

Address 5 S. Pulaski St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Siegrist

{ Residence, if in Baltimore, Give Street and Number. } 1826 Bank Street

Duration of Residence in Baltimore. about 40 years C 17312

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 6 1850

AGE: 58 years, 7 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Siegrist

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Hatters - Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Siegrist

(Address) 1826 Bank St

Filed 11/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov 19 1908 that I last saw h~~im~~ alive on Nov 19 1908, and that death occurred, on the date stated above, at 6.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phlegmonous Gastritis

Septicemia ?

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Euerbringer M.D.

Address Johns Hopkins Hospital

Date November 20 1908

Place of Burial Mt. Carmel Cem

Date Nov 23 1908

Undertaker HENRY SAUER & SON.

Address S. E. Cor. Broadway & Baltimore and 1703-1705 Caroline

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 Colvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Coleman Skipper

{ Residence, if in Baltimore, Give Street and Number. } 411 Colvin St C17313

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	COLOR White

DATE OF BIRTH August 26th 1878

AGE 30 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John W. Skipper

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary E. Dorman

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary E. Skipper

(Address) 411 Colvin St.

Filed 11/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18th 1908

I HEREBY CERTIFY, That I attended deceased from May 15th 1908 to Nov 18th 1908 that I last saw h alive on Nov 18th 1908 and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate) Intercalar Laryngitis

(DURATION) 187 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Duncan M.D.

Address 2 E Eutaw

Date Nov 20 1908

Place of Burial Mt. Carmel Cem

Date Nov 22 1908

Undertaker HENRY SAUER & SONS.

Address S.E. Cor. Broadway & Balto and 1708-1710 Gough

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 3rd Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis M Morrow

{ Residence, if in Baltimore, Give Street and Number. } 212 3rd Ward C17314

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 5 1905

AGE: 3 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Hugh Morrow

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Laura Riggead

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh Morrow

(Address) 212 3rd Ward

Filed 11/21 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 20th 1908 to Nov. 20th 1908

that I last saw h.. alive on Nov 20th 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Vernon F Kelly M.D.

Address 400 Falls Road

Date Nov. 21st 1908

Place of Burial ~~Bona Bro~~ Cathedral Cem

Date Nov 22 1908

Undertaker V S Wagstaff

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Ward 10

CERTIFICATE OF DEATH.

159

(Place of Death.) No. 1402 Harlem Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George H. Norris M.D.

Residence, Give Street and Number, 1402 Harlem Ave

Duration of Residence in Baltimore, 36 yrs. C17315

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH July 1" 1846

AGE About 62 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Geo Norris

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Hannah Dooley

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Geo. H. Norris

(Address) 1402 Harlem Ave

Filed 11/21 1908

HARRY O. ANDREWS, PERMIT CLERK. Asst.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 20 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h alive on ... 190

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Shock & Cerebral Haemorrhage. Died instantly. (DURATION) DAYS

Contributory (Primary) Suicide by pistol shot (DURATION) DAYS

(Signed) Richard Bartram M. D.

Address 700 N. Laf. Ave (Corner)

Date Nov 20 1908.

Place of Burial Loudon Park

Date Nov 22 1908

Undertaker W. F. Tuckey & Sons

Address Camden & Paca

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 017316

City of Baltimore, (No. 822 Hampson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David J. Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ... (Month) ... (Day) 1 (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Benjamin Hill

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Caroline Hill

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Expressman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Hill

(Address) 822 Hampson St

Filed 11/21 1908

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 20th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28 1908 to Nov. 20th 1908 that I last saw him alive on Nov. 18th 1908, and that death occurred, on the date stated above, at 7.30 a. m. The CAUSE OF DEATH was as follows:

Chronic Diarrhea

Heart Exhaustion (DURATION) — DAYS

Contributory ... (DURATION) ... DAYS

(Signed) Frederick L. Green M. D.

Nov. 20th 1908 (Address) 287 N. Calvert St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Cambridge Ind | DATE OF BURIAL: Nov 23 1908

UNDERTAKER: Hey Hensler | ADDRESS: 538 W Baltimore

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

Ward 19

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1121 Wilson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. P. Hoffman C 17317

Residence, Give Street and Number, 1121 Wilson Ave

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Cities

FULL NAME OF FATHER: John Hoffman

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Hoffman

(Address) 1121 Wilson Ave.

Filed 11/21 1908

HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 20th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1908 to Nov 20th 1908

that I last saw him alive on Nov 20th 1908

and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Brights Disease

(DURATION) 2 mos DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) S D Fisher M. D.

Address 1507 E Eager St

Date Nov 20th 1908

Place of Burial Holy Redeemer Cemetery

Date November 23rd 1908

Undertaker Henry Hoeck & Son

Address 1311 E Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 2325 East Preston St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles G. Pfeiffer

{Residence, if in Baltimore, Give Street and Number.} 2325 East Preston St

Duration of Residence in Baltimore, Life time

C17318

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 5th 1865

AGE 43 years, 6 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John G. Pfeiffer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosalie Hendel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christ. Schwarz

(Address) 829 W. Barre Str.

Filed 11/21 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h~~im~~ alive on ~~1908~~,

and that death occurred, on the date stated above, at 10¼ A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Coroner Md

Date Nov 19 - 08 1908

Place of Burial Balto. Cemetery

Date Nov 22" 1908.

Undertaker Philipp Oswald Sons

Address 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1506. Pansey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nelson O. Crockin

{ Residence, if in Baltimore, Give Street and Number. } 1506. Pansey

Duration of Residence in Baltimore. Life C17319

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Crockin

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Crockin

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 W. Lombard

Filed 11/21 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1908 to Nov. 20 1908

that I last saw h.. alive on Nov 19 1908,

and that death occurred, on the date stated above, at 8.00 a M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Bright's

(DURATION) DAYS

(Signed) J. Hellman M.D.

Address 22. N Carey St.

Date Nov 20 1908

Place of Burial New Cathedral

Date Nov 23d 1908

Undertaker John Fields.

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

NO PERMIT FOR BURIAL CASE OBTAIN...

CERTIFICATE OF DEATH.

Registered No. B C17320

City of Baltimore, (No. 28 S. Spring St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Travers (Travers)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Dark

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George E. Travers

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hattie Maddox

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Travers

(Address) 28 S. Spring St

Filed 11/20 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Nov 18 1908

that I last saw her alive on Nov 18 1908,

and that death occurred, on the date stated above, at 1:30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 21 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. Ed Smith M. D.

Nov. 20 1908 (Address) 707 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Nov. 21 1908

UNDERTAKER: John H. Toadvine

ADDRESS: 1424 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

...s from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 510 Robert St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Kate Snowden.

{ Residence, if in Baltimore, Give Street and Number. } 510 Robert St.

Duration of Residence in Baltimore. C17321

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH 1860

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Snowden et al.

(Address) 510 Robert Street.

Filed 11/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20 — 1908

I HEREBY CERTIFY, That I attended deceased from Nov 17 1908 to Nov 20 1908 that I last saw her alive on Nov 20 1908, and that death occurred, on the date stated above, at 11.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Uremia

(DURATION) 2 DAYS

Contributory (Primary.) Acute Nephritis (DURATION) 4 DAYS

(Signed) Edward Short M.D.

Address 535 Robert St.

Date Nov. 20 1908

Place of Burial Frederick Md.

Date November 22 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTM[redacted]

Ward 12

No. C[redacted] 164

CERTIFICATE [redacted]H.

(Place of Death.) No. Maryland Ave ni 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Parren

Residence, Give Street and Number, 205 N Ware alley

Duration of Residence in Baltimore, 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH [illegible] 1

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Surrey Co Va

FULL NAME OF FATHER Wm. Parren,

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Rosa Parren

BIRTHPLACE OF MOTHER (State or county) N. C.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelius. Parren

(Address) 205 Ware St

Filed 11/21 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 19 1908

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h[illegible] alive on 190

and that death occurred, on the date stated above, at 8:30 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Fracture of Skull

& other Injuries

result of an accident

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Julius Leuthauser M. D.

Address 1103 N Chas St

Date Nov 20 1908

Place of Burial Mt Auburn Cemetery

Date Nov 22nd. 1908

Undertaker T. Elex. B. Pyle,

Address 102 E. Fulbury St,

Remarks Was carrying a Stone sill on new building, when scaffold gave away, causing him to fall, the sill striking him on the head — a.s.T.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTM[illegible] Baltimor[illegible]

Ward 1 C17323 [illegible]red No. B[illegible]

CERTIFICATE [illegible]TH.

(Place of Death.) No. 1707 Barnes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Cornish

{ Residence, if in Baltimore, Give Street and Number. } 1707 Barnes St

Duration of Residence in Baltimore. 48 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1830

AGE 58 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Hodcarrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Cornish

(Address) 1707 Barnes st

Filed 11/21 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 / 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Nov 1908 that I last saw h[illegible] alive on ~~Oct~~ 30 / 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy & Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Mitral Regurgitation

(DURATION) 90 DAYS

(Signed) A. T. Rorer M.D.

Address 1804 E. Fayette St

Date Nov 12 / 1908.

Place of Burial Laurel

Date Nov 21 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

...LY WITH U...
THIS IS A P...

HEALTH DEPARTM... Baltimore.

Ward 5 ...istered No. C 17324

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 405 Young Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Lehane

Residence, Give Street and Number, 405 Young Al

Duration of Residence in Baltimore, 8 mo

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR B

DATE OF BIRTH ... 1

AGE 90 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 405 Young St

Filed Nov 21 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 18 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h... alive on ... 190

and that death occurred, on the date stated above, at 2.40 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart disease

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) Joseph Carothers M. D.

Address Corner Ridge

Date Nov 18 1908

Place of Burial Laurel

Date Nov 22 1908

Undertaker R. F. Elliott

Address 506 Ropers Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

13

C173[redacted]25

HEALTH DEPARTMENT, C[redacted]ALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 17325
93

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2615, Francis St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Barnes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 12 (Day) 1883 (Year)

AGE: 25 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Felix L. Barnes

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Pop

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Barnes

(Address) 2615 Francis St

Filed 11/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. O'LEARY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1908 to Nov. 20 1908 that I last saw h[illegible] alive on Nov. 20 1908, and that death occurred, on the date stated above, at 1105 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 6 DAYS

Contributory Coma (DURATION) 1 DAYS

(Signed) L. J. Frey M. D.

Nov. 21 1908 (Address) 1426 North Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days.

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: 11-23 1908

UNDERTAKER: Wm. H. Leuthy

ADDRESS: 901 W. North Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17326 HEALTH DEPARTME[illegible]y [illegible]Baltimore

Ward 17 X

Registered No. B C17326

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Wilson

{ Residence, if in Baltimore, Give Street and Number. } Westwood Prince George Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. W. Wilson per J. M. Gray

(Address) Westwood Prince Georges Md.

Filed Nov 21 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct 31 1908 to Nov 20" 1908 that I last saw her alive on Nov 20" 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. A. Richardson M.D.

Address Johns Hopkins Hospital

Date Nov 20 1908

Place of Burial St. Pauls Cemetery Prince George Co Md.

Date Nov. 22 1908

Undertaker Jno. M. Gray

Address 123 South Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. ...TE P...ILY WITH UN... THIS IS A PER...D.

HEALTH DEPARTME...y of Baltimore.

Ward 24 Registered No. C C17327

8

CERTIFICATE OF DEATH.

(Place of Death.) No. 1614 E. Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Von Hagel

Residence, Give Street and Number, 1614 E. Clement St

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH Sept. 9 1908

AGE ~~A~~ years. 2 months, 10 days days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) 1614 Clement St

FULL NAME OF FATHER Jos Vonhagel

BIRTHPLACE OF FATHER (State or county) Balto City

MAIDEN NAME OF MOTHER Gertrude Kesler

BIRTHPLACE OF MOTHER (State or county) Balto city

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Von Hagel Father

(Address) 1614 Clement St.

Filed Nov 22 1908.

HARRY O. ANDE... Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 21 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Nov 19 1908 that I last saw her alive on Nov 19 1908. and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion - Heart failure

Contributory (Primary) Whooping Cough (DURATION) 3 DAYS

(DURATION) 30 DAYS

(Signed) S. Judson Miller M. D.

Address 2435 Edmondson av.

Date November 21 1908.

Place of Burial St Alphonsus Cem ✓

Date Nov. 22nd 1908

Undertaker Daniel and M. B. Hepner

Address 12 East West St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C17328 — Registered No. B C17328

CERTIFICATE OF DEATH.

(Place of Death.) No. 182 W. Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Wearnart

{Residence, if in Baltimore, Give Street and Number.} 182 W. Cross St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR white

DATE OF BIRTH Apr 23 1860

AGE 48 years, 6 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Peter Cumrang han

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Jayz.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. B. Wearnart Son

(Address) 182 W. Cross St.

Filed Nov 22 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20 1908

I HEREBY CERTIFY, That I attended deceased from Sept 13 1905 to Nov. 20 1908 that I last saw her alive on Nov. 19 1908, and that death occurred, on the date stated above, at 5 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

Months (DURATION) DAYS

Contributory (Primary.) asthenia (DURATION) 15 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Ehrup St.

Date Nov. 20 1908

Place of Burial Cathedral Cem.

Date Nov. 23 1908

Undertaker Daniel and M. J. Flynn

Address 421 East Fort Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C17329 — Registered No. B C17329 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 S. Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph L. Otto

{Residence, if in Baltimore, Give Street and Number.} 1628 S. Hanover St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 19 1874

AGE: 34 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: August Otto

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie M. Reid

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Otto

(Address) 1628 S. Hanover St.

Filed Nov 22 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 19 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18 1908 to Nov 19 1908

that I last saw him alive on Nov 19 1908, 9.45

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 10 Min DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) 7 Mos DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Nov 20 1908

Place of Burial Loudon Park Cemetery

Date Nov 22nd 1908

Undertaker E Hasle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B CE7330

CE7330

CERTIFICATE OF DEATH.

138

(Place of Death.) No. Store 1421 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Wilke

{Residence, if in Baltimore, Give Street and Number.} 1421 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 18th 1871

AGE: 37 years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Miller

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Julia Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Wilke

(Address) 1421 Eastern Ave.

Filed Nov 22 1908

PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1908

I HEREBY CERTIFY, That I attended deceased from Nov 17 1908 to Nov 20 1908

that I last saw h— alive on Nov 20 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Consumption

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 W. Bradley

Date Nov 21 1908

Place of Burial Trinity Cemetery

Date Nov. 22nd 1908

Undertaker H. Sander Sons

Address 1710 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17331 Registered No. B C17331

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thomas Turner

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Black-

DATE OF BIRTH April 10, 1908

AGE ..... years, 7 months, 11 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St, Elizabeth Home.

Filed Nov 22 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21, 1908

I HEREBY CERTIFY, That I attended deceased from 1908 to Nov. 20 1908

that I last saw him alive on Nov. 20 1908,

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Marasmus (DURATION) 4 mos. DAYS

(Signed) A. Gillis M.D.

Address 1519 N. Caroline St.

Date Nov. 21, 1908

Place of Burial Cathedral Cemetery

Date Nov. 23 1908

Undertaker Felix Boyle

Address 102 E. Fulbourn St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — Registered No. C 1733 2

C1733 2
13 7

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Millie L. Taylor

Residence, Give Street and Number, 319 W. Chesdon St.

Duration of Residence in Baltimore, 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Northumberland Co Va

FULL NAME OF FATHER Moses Tyler

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Liler Conway

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED Waitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Stokes

(Address) 224 St. Edward St

Filed Nov 22 190 8

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 21 190 8

I HEREBY CERTIFY, That I attended deceased from Nov 4 190 8 to Nov 21 190 8

that I last saw her alive on Nov 21 190 8

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Pelvic peritonitis.

(DURATION) 5 DAYS

Contributory (Primary) Pelvic inflamation (tubes & ovaries) (DURATION) — DAYS

(Signed) S. H. Streett M. D.

Address Md. Gen'l Hosp.

Date Nov 21 190 8.

Place of Burial James Wharf Northumberland Co Va

Date November 22 190 8

Undertaker Julius B Cox

Address 102 E Madison St

Remarks HARRY O. ANDREWS, DEPUTY CLERK.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 Registered No. C 17333

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 939 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H Stafford

Residence, Give Street and Number, 939 Leadenhall Street

Duration of Residence in Baltimore, 50 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: married

BIRTHPLACE (State or county): Dont know

FULL NAME OF FATHER: — " "

BIRTHPLACE OF FATHER (State or county): — " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Stafford

(Address) 939 Leadenhall St.

Filed Nov 22 1908

HARRY C. ANDREWS, PUBLIC CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 19th 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to Nov 19 1908

that I last saw her alive on Nov 8 1908

and that death occurred, on the date stated above, at 6 am

M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis

(DURATION) 5 mos DAYS

Contributory (Primary) Heart Failure

(DURATION) 6 mos DAYS

(Signed) [signature] M. D.

Address 1425 Thompson

Date Nov 21st 1908

Place of Burial Laurel Cemetery

Date November 22 1908

Undertaker John H. Toadvine

Address 1142 W. Hill Street

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C 6B334

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 617 L. Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Williams

Residence, Give Street and Number, 617 L. Little Green St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: John Williams

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Sedonia Smith

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Williams

(Address) 326 S. Eutaw Street

Filed Nov 22 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 19 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 190 to Nov 19 1908

that I last saw her alive on Nov 18 190

and that death occurred, on the date stated above, at 11:30 M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Bronchitis L.L.B.

(DURATION) 7 weeks DAYS

Contributory (Primary) Stomach

(DURATION) 7 weeks DAYS

(Signed) ..... M. D.

Address 712 S. Stricker

Date Nov 21st 1908

Place of Burial Mt. Auburn Cemetery

Date Nov. 22 1908

Undertaker John H. Toadvine

Address 142 W. Hill St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17335 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 73 Registered No. C C17335

CERTIFICATE OF DEATH.

(Place of Death.) No. 1719 E Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 120

Full Name Margaret Schraudel

Residence, Give Street and Number, 1719 E Charles St.

Duration of Residence in Baltimore, 24 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female | COLOR: white

DATE OF BIRTH: May 14 1834

AGE: 76 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John Holzschuh

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Schraudel

(Address) 1719 E Charles St.

Filed Nov 22 1908 HARRY C. ARNESS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: November 21 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Nov 21 1908

that I last saw h alive on Nov 20 1908

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilatation

(DURATION) 10 DAYS

Contributory (Primary) Chronic Nephritis

Lung Hemorrhage (DURATION) 11 DAYS

(Signed) Robert E. Schmidt M. D.

Address 1718 E Charles St.

Date Nov. 21 1908

Place of Burial Holy Cross A. A. Co.

Date Nov 24 1908

Undertaker J. D. Stuntebeck

Address 1318 Light St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 24th — C17336 — Registered No. B C17336

CERTIFICATE OF DEATH. 08

(Place of Death.) No. 127 Gilting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Knight

{Residence, if in Baltimore, Give Street and Number.} 127 Gilting st.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR ~~Female~~ White.

DATE OF BIRTH March 28 1865

AGE 43 years, 7 months, 23 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Knight

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Ellen Hogg

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Knight

(Address) 127 Gilting st

Filed Nov 22 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20th 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to Nov 20th 1908 that I last saw him alive on Nov 20th 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) — DAYS

Contributory (Primary.) Endocarditis + Pericarditis (DURATION) 6 Mo's

(Signed) H. H. Hayden M.D.

Address 1425 Light st.

Date Nov 21st 1908

Place of Burial New Cathedral

Date Nov 23 1908

Undertaker Jos. Shuntebeck

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Dr A. J. Von Schultz this Morning we found the Gra Jean under this Case since Oct 18 08

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C18332

Registered No. B.....

City of Baltimore, (No. 714 Cumberland St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Lenora Coyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 25 (Day) 1869 (Year)

AGE: 39 years, 0 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John F. Zeigler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Klein

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie C. Zeigler

(Address) 714 Cumberland St

HENRY C. ANDES, PERMIT CLERK.

Filed Nov 22 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 20th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17th 1908 to Nov 20th 1908 that I last saw her alive on " " 1908, and that death occurred, on the date stated above, at 10 10 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 6 Mos DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Chas. A. Harlan M. D.

Nov 21st 1908 (Address) 135 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Nov. 23 1908
UNDERTAKER	ADDRESS
Geo. J. Smith & Co	1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 17338 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 1647 N. Spring Ct St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Elizabeth Prentice

Residence, Give Street and Number, 1647 N. Spring St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH February 26th 1831

AGE 77 years, 9 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER William Wood

BIRTHPLACE OF FATHER (State or county) England

MAIDEN NAME OF MOTHER Rebecca Jones

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emmeo Prentice

(Address) 1647 Spring st

Filed Mar 22 1909

MARY O. ANDREWS, PERMIT CLERK. Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 20 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190 that I last saw h ... alive on ... 190 and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Coroners Dept.

Date Nov 21 — 08. 190

Place of Burial Loudon Park Cemetery

Date November 23rd 1908

Undertaker Geo J Smith Co

Address 1000 W Fayette st

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. C 61339

CERTIFICATE OF DEATH.

(Place of Death.) No. 1427 Block St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E. Quirk

Residence, Give Street and Number, 1427 Block St.

Duration of Residence in Baltimore, 42 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH Dec. 24th 1865

AGE 43 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Liverpool England

FULL NAME OF FATHER William Dixon

BIRTHPLACE OF FATHER (State or county) Scotland

MAIDEN NAME OF MOTHER Catharine Donovan

BIRTHPLACE OF MOTHER (State or county) England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Dixon

(Address) 1427 Block St.

Filed Nov 22 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 20 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 16 1908 to Nov 20 1908

that I last saw her alive on Nov. 18 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

3 1/2 wks. (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) C. S. Greer M. D.

Address 619 E Pat Park Ave

Date Nov. 22 1908

Place of Burial Holy Cross Cemetery

Date Nov. 23rd 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C17340

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. Presby. Ear. Eye & Throat Hospt. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ecba M. Cocket

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan (Month) 19 (Day) 1908 (Year)

AGE: ..... years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Rosen C Cocket

BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

MAIDEN NAME OF MOTHER: Annie M. Imhoff

BIRTHPLACE OF MOTHER (State or country): Orla Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosen C. Cocket

(Address) 206 Cox Ave.

Filed Nov 22 1908 MARK O. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO. BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov., 17 1908 to Nov., 22 1908

that I last saw her alive on Nov, 22 1908

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 12 DAYS

Contributory Ca. Mastitis.

(DURATION) .....

(Signed) Wm Ellingwood Resident M.D.
Presby. Eye. Ear & Throat Chamb. Hosp.

Nov. 22 1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 206 Cox Ave. How long at Place of Death? V. Da

Where was disease contracted, if not at place of death? Unknown

PLACE OF BURIAL OR REMOVAL: Mt Mary's C & R | DATE OF BURIAL: Nov 23 1908

UNDERTAKER: H. S. Marshall | ADDRESS: 3539 Falls Road

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 017341

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Miller

Residence, Give Street and Number, St Vincents Infy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.

COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy Asy

(Address) .....

Filed 11/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 20 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Nov. 17 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John C. Manning M. D.

Address St Vincents Hospital

Date Nov. 21 1908

Place of Burial New Cathedral

Date Nov 23 1908

Undertaker Martin Fraley Bro

Address 606 Lafayette Ave

Remarks .....

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. C 17342 — C17342

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Gatto.

Residence, Give Street and Number, St. Vincents Infant Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. — COLOR N.

DATE OF BIRTH 1908

AGE ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infy

(Address) .....

Filed 11/23 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 20 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Nov. 19 1908

that I last saw her alive on 1908

and that death occurred, on the date stated above, at 9

4 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Nov. 20 1908

Place of Burial New Cathedral Cem

Date Nov. 23 1908

Undertaker Martin Fahy & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C17343

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward D. Lennon

Residence, Give Street and Number, St Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH 1

AGE years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 11/23 1908

HARRY C. ANDREWS. Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Nov. 19 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John O Manning M. D.

Address St Vincents Hospital

Date Nov. 21 1908

Place of Burial Our Cathedral

Date Nov. 23 1908

Undertaker Charles Foley & Son

Address 606 Lafayette Ave

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C17344 — Registered No. B C17344

CERTIFICATE OF DEATH.

123

(Place of Death.) No. 514 Oxford ave — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha A. Beatley

{Residence, if in Baltimore, Give Street and Number.} 514 Oxford ave

Duration of Residence in Baltimore. 6 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: April 2nd 1832

AGE: 76 years, 7 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Northumberland Co Va

FULL NAME OF FATHER: Ralph C. Evans

BIRTHPLACE OF FATHER (State or country): Lancaster Co Va.

MAIDEN NAME OF MOTHER: Sallie Oldham

BIRTHPLACE OF MOTHER (State or country): Northumberland Co Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Son)

(Informant) Ralph C Edwards

(Address) 514 Oxford ave

Filed 11/23, 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/22/1908

I HEREBY CERTIFY, That I attended deceased from 10/14/1908 to 11/22/1908 that I last saw h~~er~~ alive on 11/21/1908, and that death occurred, on the date stated above, at 10:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cystitis, Et old age

(DURATION) 1? DAYS

Contributory (Primary.) Peritonitis

(DURATION) DAYS

(Signed) H. S. Gorsuch M.D.

Address 501. E. 22nd St

Date 11/22 1908

Place of Burial Kilmorock Cemetery Lancaster Co Va

Date November 25 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C17345 Registered No. B C17345

CERTIFICATE OF DEATH. 166

(Place of Death.) No. B & O R R tracks Ostend St near Sharp St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John W. Hardy.

{Residence, if in Baltimore, Give Street and Number.} 11 E. West St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 12 1862

AGE 46 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John W. Hardy.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary Coleman

BIRTHPLACE OF MOTHER (State or country) Frederick Md.

OCCUPATION OF DECEASED Conductor B & O R R

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Hardy wife

(Address) 11 E West St

Filed 11/23 1905 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 20 1905

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.35 A.M. CAUSE OF DEATH (Secondary or Immediate.

Accidental Death.

Removed & cut in two by.

Cars & Engine # 1126 of B. & O.

R. R. Co (DURATION) ..... DAY

Contributory (Primary.)

(DURATION) ..... DAY

(Signed) Ste. McReinhardt M.D.

Coroner

Address .....

Date November 21. 1905

Place of Burial Druid Cemetery

Date Nov 23 1905

Undertaker E. J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17346

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Thomas J. Johnson.

Residence, Give Street and Number, 1548 William St.

Duration of Residence in Baltimore, 82 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White.

DATE OF BIRTH: May 2 1826

AGE: 82 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower.

BIRTHPLACE (State or county) Balto Co.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or couuty) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED ~~Thomas~~ Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Johnson

(Address) 1548 Williams St

Filed 11/23 190 8

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9 190 8 to Nov 22 190 8

that I last saw him alive on Nov 22 190 8

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate,)

Dilatation of heart.

(DURATION) — DAYS

Contributory (Primary) Mitral Regurgitation

(DURATION) — DAYS

(Signed) S. T. Streett M. D.

Address Md. Genl Hosp.

Date Nov 22 1908

Place of Burial Mt Olivet Cemetery

Date Nov 24 1908

Undertaker E. J. Fanning

Address 1938 E Lafayette ave

Remarks

HEALTH DEPARTMENT, City of Baltimore.

C17347

Ward 10 X

C17347 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mrs Victoria Young

{ Residence, if in Baltimore, Give Street and Number. } 110 Main St Mt Winans

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 27 1882

AGE 26 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Myer Booker

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Victoria Booker

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Young

(Address) 110 Main St, Mt Winans

Filed 11/23 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 20th 1908

I HEREBY CERTIFY, That I attended deceased from 12 o'clock 190 to 6.40 PM 190

that I last saw h alive on Nov 20th 1908,

and that death occurred, on the date stated above, at 6.40 PM. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage

(DURATION) 12 hours

Contributory (Primary.) Typhoid Fever

(DURATION) 15 DAYS

(Signed) Henry B Kolb M.D.

Address Franklin Square Hospital

Date November 25th 1908

Place of Burial Balto Cem

Date Nov. 24 1908

Undertaker Geo M. Frisk

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. B C17348

C17348

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1415 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Wemsing

{ Residence, if in Baltimore, Give Street and Number. } 1415 N. Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Gerhardt Wemsing

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ~~Elizabeth Wemsing~~ Katherine Kemper

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Wemsing

(Address) 1415 N. Bond

Filed 11/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 21st 1908

I HEREBY CERTIFY, That I attended deceased from Novem 5th 1908 to November 21st 1908 that I last saw him alive on Nov 21st 1908, and that death occurred, on the date stated above, at 8 a m

M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Gastric Cancer

about 6 months (DURATION) DAYS

(Signed) Edmund G. Glover M.D.

Address 1224 N. North ave

Date November 21st 1908

Place of Burial Baltimore Cemetery

Date Nov 23/08 1908

Undertaker W. W. Cook

Address 1502 E. Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C17349 — Registered No. B C17349

CERTIFICATE OF DEATH. 177

(Place of Death.) No. 306 Dawson Alley St. (If Death occurred in Hospital or Institution give Its Name Instead of Street and Number)

Full Name Gertrude A. Thomson

{Residence, if in Baltimore, Give Street and Number.} 306 Dawson Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 5 1

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo. H. Rothrock

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Victorine Smith

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Henry Rothrock

(Address) 306 Dawson Alley

Filed 11/23 1908 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1908 to Nov 21 1908.

that I last saw her alive on Nov 21 1908.

and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate

Dropsy.

(DURATION) 4 — DAYS

Contributory (Primary.) /

(DURATION) — DAYS

(Signed) A O Wade M.D.

Address 262 Popleton St.

Date Nov 22 1908.

Place of Burial Woodlawn Pk

Date Nov 24 1908

Undertaker Jas Pool

Address 202 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C17350

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 911 Elm Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catherine Grinnell

Residence, Give Street and Number, 911 Elm Place

Duration of Residence in Baltimore, 4 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Black

DATE OF BIRTH December 18th 1883

AGE 24 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER William Miller

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Fanny Miller

BIRTHPLACE OF MOTHER (State or county) Washington D.C.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Grinnell

(Address) 911 Elm Place

Filed 11/23 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 22nd 1908

I HEREBY CERTIFY, That I attended deceased from October 8th 1908 to November 21st 1908

that I last saw her alive on November 21st 1908

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate,)

(DURATION) DAYS

Contributory (Primary) Pulmonary tuberculosis (DURATION) 180 DAYS

(Signed) Bertha E. Lapsman M. D.

Address 2725 York Road

Date November 22nd 1908

Place of Burial St Peters Cemetery

Date November 24 1908

Undertaker Walter Deal

Address 912 Washington St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17351

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

114

CERTIFICATE OF DEATH.

Registered No. B C17351

City of Baltimore, (No. 830 China St.; 22d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Sarah Anderson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 (Month) (Day) Year)

AGE: 46 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Talbot co md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Louisa Newman

BIRTHPLACE OF MOTHER (State or country): Talbot co md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Jones Bro

(Address) 830 China St

Filed 11/23 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) — 21 (Day) — 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 11—20— 1908 to 11—21— 1908 that I last saw h-e alive on 11—21— 1908, and that death occurred, on the date stated above, at 7.15 P. M. The CAUSE OF DEATH was as follows:

Chronic Hepatitis

(DURATION) 21 DAYS

Contributory Heart Failure

(DURATION) 2 DAYS

(Signed) L. D. Dyer M. D.

11.22 1908 (Address) 1113 Argyle ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt auburn St — DATE OF BURIAL: Nov 23 1908

UNDERTAKER: D. L. Brown & Son — ADDRESS: 108 W Monte

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. C C17352

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Downe

Residence, Give Street and Number, 329 Forest St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	white

DATE OF BIRTH 1

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. single.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1908 to Nov. 19 1908 that I last saw h in alive on Nov. 19 1908 and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs.

..... (DURATION) ..... DAYS

Contributory (Primary) Lobar

Pneumonia (DURATION) ..... DAYS

(Signed) Wm. D. Smith M. D.

Address City Hospital

Date Nov. 19 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date Nov 21 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

26

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C17353 — Registered No. B C17353

150 c

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 N. mountford ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm Thorn

{Residence, if in Baltimore, Give Street and Number.} 209 N. mountford ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: aug 9 1907

AGE: ~~3~~ years, 3 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Thorn

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Ida Krenger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Thorn

(Address) 209 N. mountford Ave

Filed 11/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: nov. 22 1908

I HEREBY CERTIFY, That I attended deceased from nov. 12 1908 to nov 22 1908

that I last saw h~~im~~ alive on 11 12 1908

and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Spinal Bifida Bifida

Gastritis

(DURATION) 10 DAYS

Con~~t~~ributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Thorn M.D.

Address 156 milton ave

Date nov 22 1908

Place of Burial Western Cemetary

Date Nov 24/08 1908

Undertaker Christian Miller

Address 23 E Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C17354 Registered No. B C17354

173

CERTIFICATE OF DEATH.

(Place of Death.) No. Home for the Aged Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Schmincke

{ Residence, if in Baltimore, Give Street and Number. } Preston and Valley Sts

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Michel Diehl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Diehl

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wolf

(Address) 4001 Eastern Ave E/H

Filed 11/23 190 8 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1908

I HEREBY CERTIFY, That I attended deceased from Record 190 to 190

that I last saw h[er] alive on Nov 20 190 8,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Concussion

Through a period of several months repose to which from the nourishing

Contributory (Primary) (DURATION) DAYS

qualities (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Nov 22 190 8

Place of Burial Sacred Heart Cem

Date 11/23/08 190

Undertaker J. Herwig Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C17355 Registered No. B C17355

CERTIFICATE OF DEATH. 143

(Place of Death.) No. 214 N. Fremont ave St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Fethe

{Residence, if in Baltimore, Give Street and Number.} 214 N Fremont ave

Duration of Residence in Baltimore. Fifty One years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 15th 1825

AGE 83 years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Charles Fethe

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna Twale

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Fethe

(Address) 214 N. Fremont ave

Filed 11/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1908 to Nov 20 1908 that I last saw him alive on Nov. 20 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carbuncle

(DURATION) 9 DAYS

Con'tributory (Primary.) Congestion of Brain

(DURATION) 5 DAYS

(Signed) [signature] M.D.

Address 1327 W Fayette st

Date Baltimore Nov. 21 1908

Place of Burial Loudon Park Cemetery

Date Nov. 23rd 1908

Undertaker Geo. Bruns

Address 594 N. Biddle st

WM. J. C. DULANY CO., BALTIMORE

Ward 13 C17356 Registered No. B C17356

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 Elm Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma J. Markey

{Residence, if in Baltimore, Give Street and Number.} 408 Elm Ave.

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Dec. 22 - 1878

AGE: 30 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Christopher J. Tanner

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Mary J. Earl

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Emory Markey

(Address) 408 Elm Ave

Filed 11/23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Nov 22 1908 that I last saw h er alive on Nov 22 1908, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis 4½ months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O'Ward M.D.

Address 765 3rd or

Date Nov 23 1908

Place of Burial St. Marys Hampden

Date November 24th 1908

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17357

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 239 Morling Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie D. Stevens

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Oct 29 1880 (Month) (Day) (Year)
AGE	28 years, — months, 30 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	James M White
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Elizabeth Cable
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stevens

(Address) 239 Morling ave

Filed 11/23 1908

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 28 1908 to Nov 22 1908 that I last saw her alive on Sept 28 1908, and that death occurred, on the date stated above, at 5:30 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 4 months

Contributory Pulmonary Hemorrhage

(DURATION) Few Minutes

(Signed) C. W. Dedrickson M. D.

Nov 22 1908 (Address) 907 Third ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	Nov 24 1908
UNDERTAKER	ADDRESS
Horace Burgee	3231 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C17358 Registered No. B C17358

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 804 Greenmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Gavin

{Residence, if in Baltimore, Give Street and Number.} # 804 Greenmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 21st 1908

AGE ___ years, ___ months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Patrick Gavin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Gavin

BIRTHPLACE OF MOTHER (State or country) Washington D.C.

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Hickmann

(Address) 806 Greenmount

Filed 11/23 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1908 to Nov. 22nd 1908 that I last saw h alive on Nov. 21st 1908 and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Con'ributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) John Patrick M.D.

Address #936 E. Monument

Date November 22nd 1908

Place of Burial Holy Cross

Date Nov 23 1908

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C17359 Registered No. C C17359

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor. Caroline and Aliceanna St. 79

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Newsome

Residence, Give Street and Number, 1208 McElderry St

Duration of Residence in Baltimore, 40 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR B

DATE OF BIRTH 1

AGE 55 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) N. C.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Amanda Newsome

(Address) 1208 Mc Elderry St

Filed 11/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 21 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

Sudden

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Robt Cunliffe M. D.

Address 1600 Mc Henry

Date Nov. 22-08 190

Place of Burial Laurel

Date Nov 25 1908

Undertaker R. T. Elliott

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C17360 Registered No. B C17360

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wesley Thompson

{Residence, if in Baltimore, Give Street and Number.} 412 N. Spring Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 37 years, - months, - days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother James Thompson

(Address) 412 N Spring St

Filed 11/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21" 1908

I HEREBY CERTIFY, That I attended deceased from Nov 17" 1908 to Nov 21" 1908 that I last saw h— alive on Nov 21 1908 and that death occurred, on the date stated above, at 3 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date November 22 1908

Place of Burial Laurel

Date Nov 23 1908

Undertaker R. A. Elliott

Address 5-06 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C17361 Registered No. B C17361

24

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Lowe

{Residence, if in Baltimore, Give Street and Number.} 537 N. Central Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

—

(Informant)

(Address)

Filed 11/23 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21" 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9" 1908 to Nov 21" 1908 that I last saw h~~im~~ alive on Nov 21" 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Generel acting asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Gaver M.D.

Address Johns Hopkins Hospital

Date November 22 1908

Place of Burial Forest Cemetery

Date Nov 24 1908

Undertaker R. A. Elliott

Address 506 Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD. C17362

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C 156

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Fried

Residence, Give Street and Number, 105 N Pine St

Duration of Residence in Baltimore, 10 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W

DATE OF BIRTH 1

AGE at 35 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Effim Fried

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Rosie Jurman

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Fried

(Address) 105 N Pine st

Filed 11/23 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 22 1908

I HEREBY CERTIFY, That I attended deceased from a crowner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide by Gas

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R J Martin M. D.

Address Coroner

Date Nov 23 1908

Place of Burial Hebrew Herring Run

Date Nov 23, 1908

Undertaker Mary Lennon

Address 1020 N McElderry st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C17363 Registered No. B C17363

CERTIFICATE OF DEATH. 12

(Place of Death.) No. 1706 Thames St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Claudina Corall

{ Residence, if in Baltimore, Give Street and Number. } 1706 Thames St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 11th 1908

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jaime Carell

BIRTHPLACE OF FATHER (State or country): Spain

MAIDEN NAME OF MOTHER: Victoria Fernandez

BIRTHPLACE OF MOTHER (State or country): Spain

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Corall

(Address) 1706 Thames St

Filed 11/23 1908 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22 1908 to Nov 23 1908 that I last saw h[er] alive on Nov 22 1908, and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus neonatorum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kleinteuer M.D.

Address 161 Brady

Date Nov 23 1908

Place of Burial Mt Carmel Cem

Date Nov. 23rd 1908

Undertaker H. Sander & Sons

Address 1211 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C17364 Registered No. B C17364

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1823 N. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winefred Gilman

{Residence, if in Baltimore, Give Street and Number.} 1823 N. Pratt st

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 13 1902

AGE: 5 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: School Girl

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: John Gilman

BIRTHPLACE OF FATHER (State or country): Boston

MAIDEN NAME OF MOTHER: Grace Pettin

BIRTHPLACE OF MOTHER (State or country): Kent

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gilman

(Address) 1823 N. Pratt St

Filed 11/23 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1908

I HEREBY CERTIFY, That I attended deceased from Nov 18th 1908 to Nov 21st 1908 that I last saw her alive on Nov 21st 1908, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Meningitis

(DURATION) 4 DAYS

(Signed) E. A. Knott. M.D.

Address 1727 W. Lombard st.

Date Nov 21st 1908.

Place of Burial St Peters ✓

Date Nov 24 " 1908

Undertaker N. S. Finck

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17365

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1240 E. Eager St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Almira J. Pruett

Residence, Give Street and Number, 1240 E. Eager St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	W Lite

DATE OF BIRTH 1

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER James Pruett

BIRTHPLACE OF FATHER (State or county) Balto. C Md.

MAIDEN NAME OF MOTHER Louisa Alter

BIRTHPLACE OF MOTHER (State or county) Balto C. Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary L. Lenhoff

(Address) 260 S. Highland Ave.

Filed 11/23 1908

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Nov 18th 1908 to Nov 22nd 1908

that I last saw her alive on Nov 22nd 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's disease

Chronic Nephritis (DURATION) 5 Months DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Geo Schleicher M. D.

Address 507 E Eager St

Date Nov 22nd 1908

Place of Burial Baltimore Cemetery

Date November 24 1908

Undertaker Henry Storck & Son

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C17366

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C17366

City of Baltimore, (No 1733, N. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mary Dressel

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	(Month) (Day) 1 (Year)
AGE	years, months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Martin Dressel
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Barbara Deltz.
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1733 N. Caroline St.

Filed 11/23 1908

HARRY O. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Nov 22 1908 that I last saw h alive on Nov 22 1908, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Premature birth

(DURATION) DAYS

Contributory Irantism

(DURATION) 7 DAYS

(Signed) J. L. Harper M. D.

1908 (Address) 220 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov. 23 1908
UNDERTAKER	ADDRESS
Henry Hock Son	1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — Registered No. C 017367

017367

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Anderson

Residence, Give Street and Number, Kate Ave. N. Arlington

Duration of Residence in Baltimore, Unknown.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: Col.

DATE OF BIRTH: Unknown, 1

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Unknown

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maryland Genl. Hosp.

(Address) Linden & Mad Ave Balto.

Filed 11/23 190 8 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 22 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h ... alive on ... 190

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Stock

(DURATION) ... DAYS

Contributory (Primary) accidental (DURATION) 24 hrs

Burns

(Signed) Sim Baetzman M. D.

Address 700 N. Laf. Ave (Coroner)

Date Nov 22 1908.

Place of Burial Chestertown Kent Co Md

Date 11-24th 1908

Undertaker Wm H Gauthier.

Address Fifth & Linden Aves

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B C17368

C17368

CERTIFICATE OF DEATH.

177

(Place of Death.) No. 222 Dawson Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Hawkins

{Residence, if in Baltimore, Give Street and Number.} ~~Xxxxx~~ 222 Dawson Alley

Duration of Residence in Baltimore. 17 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	July 3 1891
AGE	17 years, 4 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Howard Co.
FULL NAME OF FATHER	Saml. Hawkins
BIRTHPLACE OF FATHER (State or country)	Howard Co.
MAIDEN NAME OF MOTHER	Mary Paul
BIRTHPLACE OF MOTHER (State or country)	Howard Co.
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hawkins

(Address) 222 Dawson Alley

Filed 11/23 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 20 1908 to Nov 20 1908 that I last saw h er alive on Nov 20 1908, and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ascites. (DURATION) 8 weeks

Contributory (Primary)

(DURATION) DAYS

(Signed) F. C. Tuck M.D.

Address 1313 N. Gay St.

Date Nov 20th 1908

Place of Burial Old Zion Cemetery

Date November 23 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C17369 Registered No. B C17369

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 608 S Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Fredrick Miller

{Residence, if in Baltimore, Give Street and Number.} 608 S Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 72 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 11/23 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 1 DAYS

(Signed) Thomas Sadler Comm M.D.

Address 320 ½ Greene St

Date 190

Place of Burial St. Patrick's Cemetery

Date Nov. 23rd 1908

Undertaker John A. Inman

Address Bank & Annts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C1730

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 N. Spring St

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Viola Dixon

Residence, Give Street and Number, 616 N. Spring

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR Black

DATE OF BIRTH 1

AGE 1 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Bucks Md

FULL NAME OF FATHER John Dixon

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Nellie Dixon

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Dixon

(Address) 616 N. Spring

Filed 11/23 1908 HARRY O. ANDREWS, PERMIT CLERK. (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 22 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 5.10 a M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(Sudden)

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. Carruthers M. D.

Address Coroners Office

Date Nov 22 1908

Place of Burial Laurel Cemetery

Date Nov 23 1908

Undertaker R. St. Elliott

Address 606 Rogers

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**

Ward 161

Registered No. B 017371

CERTIFICATE OF DEATH.

170

(Place of Death.) No. 1907 N. Lafayette Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Aquilla Wiles

{Residence, if in Baltimore, Give Street and Number.} 1907 N. Lafayette Av in Winter Aberdeen Md in Summer

Duration of Residence in Baltimore. Three years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 9 - 1844

AGE: 63 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Harford Co Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J Rowe

(Address) 1907 W Lafayette Ave

Filed Nov 23 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1908

I HEREBY CERTIFY, That I attended deceased from June 24 1908 to Nov. 22 1908 that I last saw h alive on Nov 15 1908, and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate) Chronic Bright Disease

Did not see patient during last week as informed physician Dr H. Steer of Perryman called before & attended him during last week the day after patient died

(DURATION) 1 year DAYS

Contributory (Primary.) Uraemia

(DURATION) 2 weeks

(Signed) John Friedmann M.D.

Address 1013 N Charles St

Date Nov 22, + 1908

Place of Burial Aberdeen Md.

Date Nov. 24 — 1908

Undertaker E. W. Mitchell.

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C C17372

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1324 Garrett Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonie Meshkofsky

Residence, Give Street and Number, 1324 Garrett Ave

Duration of Residence in Baltimore, Always

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: March 23d 1908

AGE: years, 8 months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county): Here

FULL NAME OF FATHER: John Meshkofsky

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Thekla Kostofska

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Meshkofsky

(Address) 1324 Garrett Av

Filed 11/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 23d 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Nov. 23d 1908 that I last saw h[illegible] alive on Nov 21 1908 and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus (DURATION) 120 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) J. Mahn M. D.

Address 1510 E Fort Av

Date Nov. 23d 1908

Place of Burial Holy Rosary

Date Nov 24 1908

Undertaker Joseph Zborowski

Address 1703 Alice Anne St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17373

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. B C17373

CERTIFICATE OF DEATH.

(Place of Death.) No. 762 W German St

St. 71 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Pence

{ Residence, if in Baltimore, Give Street and Number. } 762 W German St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Edw R. Pence

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jennie Harris

BIRTHPLACE OF MOTHER (State or country) W. Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Pence

(Address) 762 N. German St.

Filed Nov 23 1908 HARRY G. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Coroner

Address

Date Nov 23 1908

Place of Burial Western Cemetery

Date Nov. 24 1908

Undertaker John H Gorman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE BACK.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. C 17374

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 1006 W. Franklin St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Mahoney

Residence, Give Street and Number, 1006 W Franklin St

Duration of Residence in Baltimore, 40 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Case Mahoney

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Kelly

(Address) 1006 W. Franklin

Filed Nov 23 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 22nd 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Nov 22nd 1908 that I last saw h m alive on Nov 20th 1908 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Carcinoma of Breast
Asthenia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John J. McCarthy M. D.

Address 636 W Franklin St

Date Nov 23 1908

Place of Burial Cathedral

Date November 26 1908

Undertaker John J. Gowan

Address 901 Hollins St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. C 012375

CERTIFICATE OF DEATH.

(Place of Death.) No. 1363 N. Stricker St St. 19

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Octavia Brooks

Residence, Give Street and Number, 1363 N. Stricker St.

Duration of Residence in Baltimore, 41 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Uncertained Sept 29 1848

AGE: About 60 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Va

FULL NAME OF FATHER: Robert Reamy

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Betsy Turner

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert C Brooks

(Address) 1363 N Stricker St

Filed Nov 23 1908 HARRY G. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 20th 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190 ... that I last saw h ... alive on ... 190 ... and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

Suddenly (DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Sidney Easterwin M. D.

Address 700 N. Lafayette (Corner)

Date Nov. 21 1908.

Place of Burial Int Alvert

Date Nov 24 1908

Undertaker Jos B Cook

Address 1003 A Balto St

Remarks ...

CE7376

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH. CE7376

Registered No. B.....

City of Baltimore, (No. 1113, W. Mulberry St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah K. Rasbeemen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov. 26 1858 (Month) (Day) (Year)

AGE: 49 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm. H. Shenbrook

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah K. Love

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie R. Harrison

(Address) 1113 W. Mulberry St

Filed Nov 23 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1908 to Nov. 22 1908 that I last saw her alive on Nov 22 1908, and that death occurred, on the date stated above, at 5-30 A.M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) 6 mos. DAYS

Contributory —

(DURATION) — DAYS

(Signed) Eugene Douglas M. D.

Nov 22 1908 (Address) 830 W. Mulberry St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Nov 24 1908

UNDERTAKER: Jno B. Cook | ADDRESS: 1123 Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. C 173777

CERTIFICATE OF DEATH.

(Place of Death.) No. 1809 Jefferson St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Kastner

Residence, Give Street and Number, 1809 Jefferson St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: Sept — 1876

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: James Kastner

BIRTHPLACE OF FATHER (State or county): Unknown

MAIDEN NAME OF MOTHER: Anna Nickel

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. Kastner

(Address) 703 N. Mondford Ave

Filed 11/24 1908 HENRY G. ARNOLD, PERMIT Clerk. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov. 23 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to death 1908

that I last saw he alive on Nov. 21 1908

and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary tuberculosis

year & a half (DURATION) — DAYS

Contributory (Primary) — —

(DURATION) DAYS

(Signed) Eugene Kerr, M. D.

Address Glenwood Hotel

Date Nov. 23 1908

Place of Burial Holy Redeemer

Date Nov 25/908 1908

Undertaker Wm Cook

Address 502 E. Monument

Remarks Was registered as Phipps Disp.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 17 C17378 Registered No. B C17378

CERTIFICATE OF DEATH.

(Place of Death.) No. 1222 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elijah Jones

{ Residence, if in Baltimore, Give Street and Number. } 1222 Druid Hill Ave

Duration of Residence in Baltimore. 13 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Dec 1 Unknown

AGE 36 years, — months, — days

~~SINGLE, MARRIED,~~ ~~WIDOWED~~ OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James R Jones

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maria Jones

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bishop

(Address 1107 W Fayette

Filed 11/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Nov 21 1908 that I last saw him alive on Nov 21 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bazalar Meningitis

following Pulmonary

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) L. L. Hankins M.D.

Address 202 Dolphin Ave

Date Nov 23 1908

Place of Burial Greenmount Ave

Date Nov 24 1908

Undertaker J. A. Bishop

Address 1107 W Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — Registered No. C 17379

C17379

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Hood

Residence, Give Street and Number, #1106 N. Carolina St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 58 years, — months, — days

~~SINGLE, MARRIED~~, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: John Kaiser

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Houswife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barb. Meisel

(Address) 1048 N. Central Ave

Filed ..... 190 .....

BARRY O. ANDREWS, PERMIT CLERK & Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Nov 23 1908 that I last saw h[er] alive on Nov 23 1908 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate,)

General Carcinomatosis with ex haustion

(DURATION) DAYS

Contributory (Primary) Carcinoma

2 ~~Liver~~ Stomach (DURATION) DAYS

(Signed) H. E. Wilkinson M. D.

Address St Joseph's Hospital

Date November 23 1908

Place of Burial Balto. Cem.

Date Nov. 25th 1908

Undertaker Wendell Lipkel & Son

Address 330 S. Bond st.

Remarks .....

Ward 1

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C 17330

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 274 S. East ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Grasser

Residence, Give Street and Number, 274 S. East ave

Duration of Residence in Baltimore, 37 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 82 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Baumann

(Address) 274 S. East Ave.

Filed 11/27 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1908 to Nov. 22 1908

that I last saw her alive on Nov. 22 1908

and that death occurred, on the date stated above, at 6.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Senility; Exhaustion

(DURATION) 8 DAYS

Contributory (Primary) Shock from a fall and lacerated scalp, (DURATION) 8 DAYS

(Signed) Pierre G. Dausch M. D.

Address 121 Jackson Square

Date Nov. 23 1908

Place of Burial Holy Redeemer

Date Nov 26 th 1908

Undertaker Wendell Tithel & Son

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C17381 Registered No. C C17381

CERTIFICATE OF DEATH.

(Place of Death.) No. 1729 N Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Milton A' Vollmer

Residence, Give Street and Number, 1729 N Broadway

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: February 3 1903

AGE: 5 years, 9 months, 21 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Frederick Vollmer

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Katie Schmidt

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Vollmer

(Address) 1729 N Broadway

Filed 11/24 1908

HARRY O. ANDREWS. PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Nov 24 1908

that I last saw h-- alive on Nov 23 1908

and that death occurred, on the date stated above, at 5-30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Laryngeal Diphtheria

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Alex A Sage M. D.

Address 709 N Bidway

Date 11/24/08 1908

Place of Burial Baltimore Cemetery

Date Nov 24 1908

Undertaker Robt J. Turner.

Address 1442 N Broadway.

Remarks Funeral Nov 24 - 4 P. M.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. C 17382

C17382

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther Byrne.

Residence, Give Street and Number, 711 Gold St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.	COLOR B.
DATE OF BIRTH — 1	
AGE 19 years, — months, — days	
SINGLE, MARRIED, WIDOWED OR DIVORCED.	M.
BIRTHPLACE (State or county)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW ASYLUM.

Filed 11/24 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22 1908 to Nov 22 1908 that I last saw her alive on Nov 22 1908 and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

— (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) R. H. Lamar M. D.

Address Bay View Asylum

Date Nov 23 1908

Place of Burial Mt Auburn

Date Nov 25 1908

Undertaker Wm J. Johnson

Address 614 E Baker St

Remarks

C17383

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

Registered No. B C17383

City of Baltimore, (No. 1362 2-Fremont Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jeannette Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 51 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Good Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Charles Johnson

(Address) 1362 E Fremont Ave

Filed 11/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Nov 22 1908 that I last saw her alive on Oct 20 1908, and that death occurred, on the date stated above, at 8.40 a. m. The CAUSE OF DEATH was as follows:

Rheumatism

Otr Year or more (DURATION) DAYS

Contributory Bronchitis & Heart Failure

Few weeks (DURATION) DAYS

(Signed) Edw A Burbert M.D.

Nov 23 1908 (Address) 1921 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 25 1908

UNDERTAKER: Wm J Lawson 614 Baker — ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C17384 Registered No. B C17384

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 562 Hoshen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harold Hall

{Residence, if in Baltimore, Give Street and Number.} 562 Hoshen St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Oct 9th 1

AGE: ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Elisher Hall

BIRTHPLACE OF FATHER (State or country): North Carlinia

MAIDEN NAME OF MOTHER: Josephine Davenport

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 - 21 1908

I HEREBY CERTIFY, That I attended deceased from 11-19 1908 to 11-21 1908 that I last saw h.. alive on 11-19 1908 and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Henry Cook Willis M.D.

Address 816 Hanover St.

Date 11 - 23 1908

Place of Burial COLLEGE OF P. & S.,

Date NOV 24 1908 190

Commissioner Health.

Undertaker Per. Wm. E. WOODALL

Address .....

FOR ANATOMICAL PURPOSES

Accepted

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C17385 Registered No. B C17385

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 W Barre St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Auralia Elizabeth Wilderman Sr.

{Residence, if in Baltimore, Give Street and Number.} 812 W Barre St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH June 13th 1845

AGE 63 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John George Frank

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wartsman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gus Weber

(Address) 115 S. Carey st

Filed 11/24 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from June 1907 to Nov 23 1908 that I last saw h alive on Nov 22 1908, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Edema

(DURATION) 14 DAYS

Contributory (Primary.) Chronic

Nephritis, (DURATION) DAYS

(Signed) L. McLemore M.D.

Address 602 S. Paca St

Date Nov 25 1908

Place of Burial Loudon Park,

Date Nov 26 1908

Undertaker Gus Weber

Address 115 S. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17386

City of Baltimore, (No. 214 N. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry P. Ringold

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH (Month) (Day) (Year): 1	
AGE: 85 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Don't know	
FULL NAME OF FATHER: "	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: None.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Chester

(Address) 214 W. Lee St.

Filed 11/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11th (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1908 to Nov. 18th 1908

that I last saw him alive on Nov. 18th 1908,

and that death occurred, on the date stated above, at ....M. The CAUSE OF DEATH was as follows:

Valvular disease of Heart

10 mos. (DURATION) 8 DAYS

Contributory — (DURATION) DAYS

(Signed) R. M. Hall M. D.

Nov. 23rd 1908 (Address) 1019 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. auburn Cem	11/24 1908
UNDERTAKER	ADDRESS
John H. Toadvine	142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17387

CERTIFICATE OF DEATH.

(Place of Death.) No. 445 N 3rd St. East St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Elizabeth Sayles

Residence, Give Street and Number, 445 E. 23rd St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR Col

DATE OF BIRTH October 29 1908

AGE ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER James Sayles

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Mary Eliz Taylor

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sayles

(Address) .....

Filed 11/24 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Nov 18 1908 to Nov 23 1908

that I last saw h[illegible] alive on Nov 23 1908

and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Failure of the Foramen Ovale to Close, the Prenatal

(DURATION) 24 DAYS

Contributory (Primary) Failure to close of Foramen Ovale (DURATION) 24 DAYS

(Signed) Eugene Taylor M. D.

Address Guilford Ave

Date 23 November 1908

Place of Burial Laurel

Date Nov 24th 1908

Undertaker R. Elliott

Address 506 Rogers Ave

Remarks .....

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THE CAUSE AND DATE OF DEATH.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT AND SIGN THE CERTIFICATE OF DEATH.

§ Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C17388 — Registered No. C C17388

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 807 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Buckley

Residence, Give Street and Number, 807 E. Chase St

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 68 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Michael Buckley

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Quinn

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 807 E. Chase St

Filed 11/24 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Nov 22 1908

that I last saw h— alive on Nov 22 1908

and that death occurred, on the date stated above, at 12/15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) James M. Fenton M. D.

Address 710 E. Chase St

Date Nov. 23 1908

Place of Burial Cathedral

Date Nov 25 1908

Undertaker H. C. Windfeld

Address 914 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17389

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J C Hara

Residence, Give Street and Number, 2118 N Chas St. Balto Md

Duration of Residence in Baltimore, 45 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR white

DATE OF BIRTH March 20" 1846,

AGE 62 years, 8 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county) Roscommon Ireland

FULL NAME OF FATHER Martin O'Hara

BIRTHPLACE OF FATHER (State or county) Roscommon, Ireland

MAIDEN NAME OF MOTHER Catherine Finneran

BIRTHPLACE OF MOTHER (State or county) Roscommon, Ireland

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin J. O'Hara

(Address) Town, md.

Filed 11/24 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 23d 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22nd 1908 to Nov 23rd 1908

that I last saw him alive on Nov 23rd 1908

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Blood Poison

(DURATION) 31 DAYS

Contributory (Primary) Carcinoma Prostate

(DURATION) ~~DAYS~~

(Signed) C. B Garnett Jr M. D.

Address 26 N. Biddle St

Date Nov 23rd 1908

Place of Burial Cathedral Cemetery

Date November 26, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

Remarks

Ward 17

Registered No. B C17390

C17390

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1453 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrol M Silver

{Residence, if in Baltimore, Give Street and Number.} 1453 Hull St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 6th Aug 1908

AGE ..... years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Silver

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Lewella Hartford

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Silver

(Address) 1453 Hull St

Filed 11/24 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23 Nov 1908

I HEREBY CERTIFY, That I attended deceased from 23rd Nov 1908 to 23rd Nov 1908

that I last saw him alive on 23 Nov 1908

and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Marasmus

..... (DURATION) ..... DAYS

(Signed) James Corpier M.D.

Address 1322 Hull St

Date 23 November 1908

Place of Burial Mount Olivet

Date Nov 25th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C C17391

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1215 N. Stricker St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward J. Murphy

Residence, Give Street and Number, 1215 N. Stricker St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR W Like

DATE OF BIRTH ..... 1 .....

AGE 50 or thereabout years, ... months. ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Maryland.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Swizney

(Address) 1215 N Stricker St

Filed 11/24 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

Remarks .....

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 23 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

Suddenly (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Sidney Brenton M. D.

Address 700 N. Laf Ave (Corner)

Date Nov. 22 1908.

Place of Burial St. Peters Cemetery

Date Nov 24th 1908

Undertaker Martin Fahey & Sons

Address 606 Fayette Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C17392

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1529 Eutaw Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan E. Englar

Residence, Give Street and Number, 1529 Eutaw Place

Duration of Residence in Baltimore, 1 yr.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH — 1850

AGE 58 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~ Widow

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Jonas Englar.

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Tabitha R. Norris

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. G.H. Cairnes

(Address) 21 W. 25th St.

Filed 11/24 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1908 to Nov 24th 1908

that I last saw her alive on Nov 24th 1908

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Immediate Exhaustion

Heart affection

"Myocarditis"

Muscular Rheumatism (DURATION) 90 DAYS

Contributory (Primary) Delicate Constitution

for 2 or 3 yrs (DURATION) — DAYS

(Signed) Geo. H. Cairnes M. D.

Address 21 W 25th St

Date Nov 24th 1908

Place of Burial Union Bridge Md

Date Nov. 25 1908

Undertaker Chas J. Evans

Address 118 & 120 W. Mt. Royal Ave

Remarks

ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward \

Registered No. C 17393

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 23 S. Paterson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Zoychowsky

Residence, Give Street and Number, 23 S. Paterson St.

Duration of Residence in Baltimore, 30 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Wht

DATE OF BIRTH: Jan 31 1854

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: August Zoychowsky

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Ticket Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 23 S. Paterson St

Filed 11/24 190 8 HARRY O. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov. 22 190 8

I HEREBY CERTIFY, That I attended deceased from Nov. 15 190 8 to Nov 22 190 8

that I last saw him alive on Nov. 22 190 8

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Gastritis

(DURATION) ..... DAYS

Contributory (Primary) Asthema

(DURATION) ..... DAYS

(Signed) G. C. Thieme M. D.

Address 3038 E. Balt. St

Date Nov. 24 / 190 8

Place of Burial Holy Redeemer

Date Nov. 26th 190 8

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C17394

City of Baltimore, (No. 926, Bevan St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda Masingo

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 17. 1850.
(Month) (Day) (Year)

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Robert E. Hutchinson

BIRTHPLACE OF FATHER (State or country) Taylors Island

MAIDEN NAME OF MOTHER Margaret Phillips

BIRTHPLACE OF MOTHER (State or country) Taylors Island

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Gilchrist (Sister)

(Address) 512. S. Sharp St.

Filed 11/24 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 23rd 1908 to Nov 23rd 1908 that I last saw her alive on Nov 23rd 1908, and that death occurred, on the date stated above, at 12.45 P.M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

Several Years (DURATION) Several Days

Contributory Cardiac Failure (DURATION) 2 Hours

(Signed) A. J. Carrick M.D.

Nov. 24th 1908 (Address) 149 F. McCulloh St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem. DATE OF BURIAL: Nov 26. 1908

UNDERTAKER: David and Margaret Flynn ADDRESS: 42 E. Wed

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. C C17395

CERTIFICATE OF DEATH. 41

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth J Stuart

Residence, Give Street and Number, 634 W. South Ave, Balto. Md.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: March 8 1831

AGE: 77 years, 8 months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county)

FULL NAME OF FATHER: Alexander Clotworthy

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Elizabeth J. Ellerson

BIRTHPLACE OF MOTHER (State or county): not Known

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sadie J. Logan

(Address) 634 W. Northave.

Filed 11/24 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: November 23— 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1908 to Nov. 23 1908

that I last saw her alive on Nov. 23 1908

and that death occurred, on the date stated above, at 4 50 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Intestinal Obstruction

(DURATION) 4 DAYS

Contributory (Primary) Carcinoma of the bowel (DURATION) — DAYS

(Signed) Harry L. Howes M. D.

Address Union Protestant Infirmary

Date November 23 1908

Place of Burial Green Mt Cemetery

Date Nov 25th 1908

Undertaker Stewart & Mowen Co

Address 215 Park Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C17396 Registered No. B C17396

166

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry W Pettit

{ Residence, if in Baltimore, Give Street and Number. } 811 Scott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 29 1878

AGE: 30 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Thomas F Pettit

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Emma Poulton

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Brakeman B&ORR

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Pettit

(Address) 811 Scott St

Filed 11/27 1908 HARRY O. [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Nov 23 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Crushed chest - internal injuries.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P Martin M.D.

Address Conn

Date Nov 24 1908

Place of Burial Loudon Park

Date Nov 26 1908

Undertaker H Faherty Son

Address Caudor Park Ave

accidentally Crushed between stationary Cars. 420.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C17397 Registered No. B C17397

CERTIFICATE OF DEATH. 132

(Place of Death.) No. Community Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Grace May Miller

{ Residence, if in Baltimore, Give Street and Number. } 704 N. Lexington

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Jan - 4 - 1892

AGE 16 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lee Miller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Arnold

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Viola Fazlender

(Address) 704 N. Lexington

Filed Nov 24 1908 MARY C. ANDREWS, Registrar (CHIEF CLERK)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1908 to Nov. 23 1908 that I last saw h-- alive on Nov. 23 1908, and that death occurred, on the date stated above, at 2.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Septic peritonitis

(Salpingitis)

(DURATION) 2 DAYS

Contributory (Primary) Influenza

(DURATION) 21 DAYS

(Signed) W. D. Simpson M.D.

Address Community Hospital

Date November 23rd 1908

Place of Burial Loudon Park

Date Nov - 25 - 1908

Undertaker Crowley Bros.

Address 251 N. Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C17398 Registered No. B CE7856

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Hospital Park Note St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas W. Mehrlein

{ Residence, if in Baltimore, Give Street and Number. } 823 W. Fayette St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 2 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Wehrlein

(Address) 823 W Fayette St

Filed 11/25 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Acute Poisoning

Suicide

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Geo. C. Guttmann M.D.

Address 1800 N. Chas St

Date Nov 23 1908

Place of Burial Loudon Park

Date Nov 25/1908. 190

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C 17399

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. Bay View Hospital St.

Full Name Charles Carolan

Residence, Give Street and Number, 725 Hanford Ave

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M	COLOR W.
DATE OF BIRTH —	
AGE 39 years, — months, — days	
SINGLE, MARRIED, WIDOWED OR DIVORCED. M	
BIRTHPLACE (State or county) Md.	
FULL NAME OF FATHER —	
BIRTHPLACE OF FATHER (State or county) —	
MAIDEN NAME OF MOTHER —	
BIRTHPLACE OF MOTHER (State or county) —	
OCCUPATION OF DECEASED Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt. Roy... Supt. BAY VIEW ASYLUM.

(Address)

Filed 11/25 190 8 HARRY O. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Nov 24 1908

that I last saw h alive on Nov 24 1908

and that death occurred, on the date stated above, at 9 A M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion due to

(DURATION) DAYS

Contributory (Primary) Pulmonary Phthisis

(DURATION) DAYS

(Signed) J. E. Eaton, M. D.

Address Bay View Hospital

Date Nov 24 1908

Place of Burial Holy Cross

Date Nov. 26/1908 1908

Undertaker Wm Cook

Address 505 E Madison

Remarks

Ward ..... C17400 Registered No. B C17400

68

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John Uhrig

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 11/25 1908

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1908 to Nov 23 1908 that I last saw him alive on Nov 23 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

Chronic Mania (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date November 23 1908

Place of Burial Cathedral Cem

Date Nov 26 1908

Undertaker Wm Cook

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

C17401

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B C17401

City of Baltimore, (No. 33 N. Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Peters

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 33 N Bruce st

Filed 11/25 1908

MARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 24 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.00 A. M. The CAUSE OF DEATH was as follows:

Valvular Heart Disease

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M.D.

190 ..... (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 27 1908

UNDERTAKER: R T Elliott — ADDRESS: 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C17402 Registered No. B C17402

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1037, north Durham st (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Lee

{ Residence, if in Baltimore, Give Street and Number. } 1037, N Durham st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH Nov 7th 1884

AGE 24 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER William Lee

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Emma Brown

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Lee

(Address) 1037 N Durham St

Filed 11/25 1908 HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22nd 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to Nov 22 1908 that I last saw h in alive on Nov 11th 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis
Exhaustion
Sick about 1 yrs

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Richard A. Urquhart M.D.

Address 20, West Preston St

Date 11/23 1908

Place of Burial Laurel

Date Nov 25 1908

Undertaker R. A Ballentine

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C17403 Registered No. B C17403

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 511 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Almeno Stanley

{ Residence, if in Baltimore, Give Street and Number. } 511 Oxford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

AGE 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George W Stanley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lottie Compton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Champhor

(Address) 511 Oxford St

Filed 11/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Nov 23 1908 that I last saw h— alive on Nov 1908 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma - Contused Wound - Laceration

Jr. Pneumonia (DURATION) 1 DAYS

Contributory (Primary) Wound (DURATION) — DAYS

(Signed) Dr G W Kinnamon M.D.

Address 708 E Eager St

Date Nov 24 1908

Place of Burial Mt Auburn

Date Nov 26 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C 17404

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 206 N. Bethel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellie L. Lankford

Residence, Give Street and Number, 206 N. Bethel St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR B.

DATE OF BIRTH 1

AGE X years, 7 months, X days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) friend

(Address) 206 N Bethel St

Filed 11/25 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions
(Sudden)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk. Carnthe M. D.

Address Coroner Md.

Date Nov 23 08 190

Place of Burial Laurel

Date Nov 25 190 8

Undertaker R. A. Caldwell

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C17405

CERTIFICATE OF DEATH.

(Place of Death.) No. 238 N Exeter St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosetta Marks

Residence, Give Street and Number, 238 N Exeter St.

Duration of Residence in Baltimore, 09

PERSONAL AND STATISTICAL PARTICULARS.

SEX ~~Male~~ Female

COLOR White

DATE OF BIRTH 1

AGE 4 m years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 11/20 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 17 1908

Accident

I HEREBY CERTIFY, That I attended ~~deceased~~ from

~~190~~ to ~~190~~

that I last saw h alive on ~~190~~

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmon. Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W. P. Riley. Coroner M. D.

Address 1629 Broadway

Date 11 20 17 1908

Place of Burial Holy Cross (Harford Rd)

Date NOV 25 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

Remarks .....

Ward 24 C17406 Registered No. B C17406

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1015 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Annie Assmann

{Residence, if in Baltimore, Give Street and Number.} 1015 William St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 9 1837

AGE: 71 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Thornton

(Address) 1045 William St

Filed 11/25 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Nov 23 1908

that I last saw h er alive on Nov 23 1908,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Duration about 6 Mo

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. B. Thomas M.D.

Address 1303 Eutaw St

Date Nov. 24 1908

Place of Burial WESTERN

Date NOV 25 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. C 17407

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomon Scher

Residence, Give Street and Number, ~~1141~~ 1141 Granby st

Duration of Residence in Baltimore, 17 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Meyer Schrad

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Ida Scher

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Scher

(Address) 1141 Granby st

Filed 11/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH nov 24, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1908 to nov 24 1908 that I last saw h. im alive on nov 24 1908 and that death occurred, on the date stated above, at 4.40 P M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthenia

(DURATION) 8 hours DAYS

Contributory (Primary) Carcinoma of Liver and Intestines (DURATION) 2 years DAYS

(Signed) Leo F. Steinder M. D.

Address Hebrew Hospital

Date nov. 24, 1908

Place of Burial Hebrew Hebrew Rest

Date Nov. 25 1908

Undertaker Max Levinson

Address 620 N. Eden st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17408

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. C C17408

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 532 Burgundy alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Thomas

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Fee

COLOR: Colord

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): St Mayes Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Laws thomas

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florance thomas

(Address) 532 Burgundy alley

Filed 11/25 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Nov 23 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma

Uremia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P Martin Conner M. D.

Address

Date Nov 25 1908

Place of Burial Laurel cemetery

Date Nov 25 1908

Undertaker Geo H Hooper

Address 609 Little Pacaut

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE. C17409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH. C17409

Registered No. B.....

City of Baltimore, (No. 775½ W. Mulberry St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Henry Myers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Sept. (Month) 18 (Day) 1908 (Year)

AGE: 1 year, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jessie Herbert Myers

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Thompson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. T. Mowris M. D.

(Address) 721 W. Lexington

Filed 11/25 190 8 HARRY O. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 24 (Day) 190 8 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 24 190 8 to Nov. 24 190 8

that I last saw h[illegible] alive on Nov 24 190 8,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 2 DAYS

Contributory Exposure

(DURATION) — DAYS

(Signed) S. T. Mowris M. D.

Nov 24 190 8 (Address) 721 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Auburn

DATE OF BURIAL: 25 Nov 190 8

UNDERTAKER: J. H. Owings & Son

ADDRESS: 1232 Division

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C17410 Registered No. B C17410

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 53 W Oliver St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Nannie Jones

{Residence, if in Baltimore, Give Street and Number.} 53 W Oliver St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colard

DATE OF BIRTH: 1

AGE: 5-5- years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Jones

(Address) 53 W. Oliver St

Filed 11/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908.

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to Nov 23 1908.

that I last saw her alive on Nov 21 1908,

and that death occurred, on the date stated above, at 230 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Valvular Cardiac Disease (DURATION) DAYS

(Signed) M Mahoney M.D.

Address 742 W Fayette

Date Nov 24 1908.

Place of Burial Mount Auburn

Date Nov 25 1908

Undertaker John H Ouenston Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7V

Registered No. B C17411

C17411

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 218 W Cross — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Elkins —

{ Residence, if in Baltimore, Give Street and Number. } 218 W Cross St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Colored.

DATE OF BIRTH: Dec 25- 1859

AGE: 48 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married -

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Jno Elkins.

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Dorie Knox

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Elkins

(Address) 218 W Cross St.

Filed 11/25 1908 HARRY O. ARDRAWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1908 to Nov. 22 1908

that I last saw h alive on Nov. 21 1908

and that death occurred, on the date stated above, at 10 30

11. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

10 (DURATION) — DAYS

Contributory (Primary.)

Exhaustion- (DURATION) 1 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Charles St.

Date Nov. 22 1908

Place of Burial Mt Zion

Date Nov 25- 08 1908

Undertaker Hayes D Adams

Address 1001 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 17

Registered No. C 17412

CERTIFICATE OF DEATH.

(Place of Death.) No. 1040 York Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Gardner.

Residence, Give Street and Number, 506 E. 26th

Duration of Residence in Baltimore, 23 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanch Gardner

(Address) 506 E. 26th St

Filed 11/25 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on 190

and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Cyanosis Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Charles Litchfield M. D.

Address 1902 E. Chase

Date Nov 24 1908

Place of Burial Loudon Park

Date Nov. 26, 1908

Undertaker Lowe Bros

Address 502 E. Fortieth.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 22 C17413 Registered No. B C17413

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 808 Reppert St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Wesley

{Residence, if in Baltimore, Give Street and Number.} 808 Reppert St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH November 23rd 1908

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charles Wesley

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Daisy Wright

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Wesley

(Address) 808 Reppert St

Filed 11/25 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1908 to same day 1908 that I last saw him alive on Nov 23rd 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. H. Buxton M.D.

Address 222 East Cross St

Date November 24th 1908

Place of Burial Mt Auburn

Date Nov 25th 1908

Undertaker C. L. Bruns & Son

Address 105 W Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C 17414

CERTIFICATE OF DEATH.

(Place of Death.) No. 723 E. Chase St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John O Fannon Jr

Residence, Give Street and Number, 723 E. Chase St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH Aug 1 1904

AGE 4 years, 3 months, 24 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER John Fannon

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Annie E McShane

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 723 E. Chase St

Filed 11/25 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK

Dr M Leavell

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1908 to Nov 24th 1908

that I last saw h[illegible] alive on Nov 24th 1908

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid fever

(DURATION) 15 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Ernest Redmond M. D.

Address 2 E Lexington

Date Nov 24th 1908

Place of Burial Cathedral Cem

Date Nov 26 1908

Undertaker H C Wedefeld

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C17415 Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 962 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothy Dixon

{Residence, if in Baltimore, Give Street and Number.} 362 Mosher St.

Duration of Residence in Baltimore. 4 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June 2 1908

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Alie Nickelson

BIRTHPLACE OF FATHER (State or country) Talbot Co Md

MAIDEN NAME OF MOTHER Louise Davenport

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louise Davenport

(Address) 362 N. Mosher St

Filed 11/25 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-23 1908

I HEREBY CERTIFY, That I attended deceased from 11-15 1908 to 11-23 1908 that I last saw h[illegible] alive on 11-23 1908, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition & bronchitis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Menzo K Willis M.D.

Address 810 Hanover St.

Date 11-24-08 1908

Place of Burial Mt Auburn Cemetery

Date November 25 1908

Undertaker Felix B Pyz

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C17416 Registered No. B C17416

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 2006 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arline Lohnes

{Residence, if in Baltimore, Give Street and Number.} 2006 E. Madison St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 1st 1908

AGE — years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER William Lohnes

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary Lunz

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lohnes

(Address) 2006 E. Madison St

Filed 11/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22 1908 to Nov 23 1908 that I last saw h[illegible] alive on Nov 23 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Bronchopneumonia (DURATION) 5 DAYS

(Signed) Alvin B. Lemmon M.D.

Address 702 N. Patterson Park Ave

Date Nov 24 1908

Place of Burial Oak Lawn

Date November 26 1908

Undertaker William J Hartley

Address 2012 E Madison St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C17417 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 China St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Nettie Hall.

{Residence, if in Baltimore, Give Street and Number.} 613 China St.

Duration of Residence in Baltimore. 3 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH Nov. 24 1908

AGE ..... years, ... months, 3 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/25 1908 HARRY C. SHARPS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24. 1908

I HEREBY CERTIFY, That I attended deceased from Nov 24 1908 to Nov 24 1908 that I last saw him alive on Nov 24 1908, and that death occurred, on the date stated above, at 10.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Prematurity

..... (DURATION) ..... DAYS

Contributory (Primary.) Prematurity

..... (DURATION) ..... DAYS

(Signed) L. M. Allen M.D.

Address 622 W. Lombard St.

Date Nov 24 1908

Place of Burial COLLEGE OF P. & S

Date NOV 24 1908 190 ...

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17418 Registered No. B C17418

CERTIFICATE OF DEATH.

(Place of Death.) No. 1909 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Christey

{Residence, if in Baltimore, Give Street and Number.} 1909 Druid Hill Ave

Duration of Residence in Baltimore. 5 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR col

DATE OF BIRTH Jan 1 1884

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Williams

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED house work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Christey

(Address) 1909 Druid Hill ave

Filed 11/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 19 1908 to Nov 23 1908 that I last saw her alive on Nov 22 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 4 DAYS

Con'tributory (Primary.) Mitral Regurgitation

(DURATION) 1 Yrs

(Signed) John Stuck M.D.

Address 647 W Lafayette Ave

Date Nov 23 1908

Place of Burial Mt Auburn NOV 26 1908

Date 190

Undertaker Robert L. Parham

Address 1213 Parrish st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

C17419

Registered No. C C17419

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1028 Stirling St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Guilta

Residence, Give Street and Number, 1028 Stirling St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 19th 1907

AGE: 1 years, months, 5 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: John Guilta

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Barbara Deitz

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1028 Stirling St

Filed 11/25 1908 HARRY O. ARLPAUS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 24th 1908 to Nov 24th 1908

that I last saw him alive on Nov 24th 1908

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) One DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) S. O. Jones M. D.

Address 1801 E Eager St

Date Nov 24th 1908

Place of Burial Holy Redeemer Cemetery

Date Nov 26th 1908

Undertaker Henry Hoerle & Son

Address 1501 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C17420 Registered No. B C17420

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 683 Pierce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Braxton

{Residence, if in Baltimore, Give Street and Number.} 683 Pierce St—

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1865

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Edward Braxton

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Edith Braxton

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Braxton

(Address) 683 Pierce St—

Filed 11/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 2 1908 to Nov. 24 1908 that I last saw h im alive on Nov. 24 1908, and that death occurred, on the date stated above, at 7 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 3 Mos

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Shipley M.D.

Address 901 Myrtle Ave

Date Nov. 24. 1908

Place of Burial Mt Auburn Cemetery

Date November 26th 1908

Undertaker Felix B Pope.

Address 1026 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17421 Registered No. B C17421

78

CERTIFICATE OF DEATH.

(Place of Death.) No. 1600 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Baker

{Residence, if in Baltimore, Give Street and Number.} 1600 Bolton St

Duration of Residence in Baltimore. 6 yrs,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ——— 1866

AGE 42 years, ——— months ——— days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER John Baker

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Francis ?

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilson Baker

(Address) 1600 Bolton St

Filed 11/25 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1908 to Nov 23 1908 that I last saw h im alive on Nov 23 1908, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J B Hughes M.D.

Address 1413 Druid Hill Ave

Date Nov 23 1908

Place of Burial Mt Zion Cemetery

Date Nov 25th 1908

Undertaker Helig & Rue

Address 1026 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C17422

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 927 Dolton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wunder

Residence, Give Street and Number, 927 Dolton St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR ed

DATE OF BIRTH 1

AGE 61 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Edward Wunder

BIRTHPLACE OF FATHER (State or couuty) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) ?

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jno Wunder

(Address) 929 Dolton St

Filed 11/25 1908

HARRY C. ANDREWS.
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 24, 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1908, to Nov. 22, 1908

that I last saw h alive on Nov. 22, 1908

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate,)

Aortic Valve Disease

Sudden (DURATION) DAYS

Contributory (Primary) Arterial Changes & Valvular Heart Disease (DURATION) some months DAYS

(Signed) Edw. Wagender, M. D.

Address 922 Madison Ave

Date Nov. 24 1908

Place of Burial Mt Ridge Cemetery

Date Nov 27th 1908

Undertaker Felix B Dye.

Address 112 E Fulberry st,

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 17423

CERTIFICATE OF DEATH.

1908

(Place of Death.) No. St Josephs Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Silghman

Residence, Give Street and Number, 1011 Argyle Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Joseph Ward.

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Lucy A Hill

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Dressmaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Chas. F. Silghman

(Address) 1011 Argyle Ave

Filed 11/25 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 22 1908

I HEREBY CERTIFY, That I attended deceased from Oct 2 1908 to Nov 22 1908

that I last saw her alive on Nov 22 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Uremic Convulsions

(DURATION) DAYS

Contributory (Primary) Chronic Parenchymatous Nephritis (DURATION) DAYS

(Signed) H. W. Wilkinson M. D.

Address St Josephs Hospital

Date 11/23/08 1908

Place of Burial Mt Auburn Cemetery

Date November 26th 1908

Undertaker Felix J. Rye.

Address 122 E Mulberry St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C17424

CERTIFICATE OF DEATH.

36

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Shipley

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR W

DATE OF BIRTH — — 1

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM.

(Informant) .....

(Address) Lemar Holliday, Supt.

Filed 11/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 17 1908 to Nov 23 1908

that I last saw h alive on Nov 23 1908

and that death occurred, on the date stated above, at 11 30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

1 Paralysis

2 Exhaustion

(DURATION) DAYS

Contributory (Primary) Cerebral Lues.

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Nov 23 1908

Place of Burial Sykesville Carroll Co. Md.

Date November 26 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 17425

1908

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Thompson

Residence, Give Street and Number, 685 Pierce St.

Duration of Residence in Baltimore, 14 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: Autumn 1

AGE: About 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Phillip H. Thompson

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Charlotte Ward.

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Thompson

(Address) 685 Pierce St.

Filed 11/25 1908

HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Haemorrhage

About (DURATION) 18 hours

Contributory (Primary) Suicide by cutting his throat with razor. (DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 700 W. Lafayette ave.

Date November 24 1908

Place of Burial Tolchester, Kent Co. Md.

Date November 25, 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17426

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 China St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jeremiah Wilson

Residence, Give Street and Number, 810 China Street

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) —

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Blundon

(Address) 810 China Street

Filed 11/25 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 24 1908

that I last saw her alive on Nov 23 1908

and that death occurred, on the date stated above, at 4.30

M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis

(DURATION) 20 DAYS

Contributory (Primary)

(DURATION) 23 DAYS

(Signed) [illegible] M. D.

Address 1425 Druid

Date Nov 24 1908

Place of Burial Mt. Auburn Cemetery

Date November 26 1908

Undertaker John H. Woodson

Address 1424 W. Pratt Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17427

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1204 Mosher St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Fields

Residence, Give Street and Number, 1204 Mosher St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields.

(Address) 913 N. Fremont Ave

Filed 11/25 190 8

HARRY C. ANDREWS, Registrar.

PERMIT C[illegible]

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 24 190 8.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h[illegible] alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Haemorrhage

(DURATION) ..... DAYS

Contributory (Primary) Aneurism of the Aorta (DURATION) ..... DAYS

(Signed) Sidney Bartlett M. D.

Address 700 N. Lafayette Ave (Coroner)

Date Nov. 24 190 8.

Place of Burial Western Cem

Date Nov. 26/1908 190 .....

Undertaker Lowbrook

Address 902 E Madison

Remarks .....

Ward 17 C17428 Registered No. B C17428

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 830 Pierce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Knox

{Residence, if in Baltimore, Give Street and Number.} 830 Pierce St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	April 1884
AGE	24 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	James Knox
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Mary Bagwell
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth Jewell

(Address) 861 N Franklin

Filed 11/25 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 18 1908 to Nov. 25 1908 that I last saw him alive on Nov. 25 1908, and that death occurred, on the date stated above, at 2 A M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 2 Mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Thiele M.D. M.D.

Address 901 Forrest Ave

Date Nov. 25. 1908

Place of Burial Laurel Cemetery

Date Nov 26th 1908

Undertaker Felix B Pyer

Address 122 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C17429 Registered No. B C17429

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2026 E. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary W. Moreland.

{ Residence, if in Baltimore, Give Street and Number. } 2026 E. North Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 6 1863

AGE 45 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Oliver C. Tilgenfritz

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Sarah Robinson

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Moreland

(Address) 2026 E. North Ave

Filed 11/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Nov 23 1908 that I last saw h[illegible] alive on Nov 23 1908, and that death occurred, on the date stated above, at 4:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) F. C. Hesser M.D.

Address 1211 W Patterson Park

Date Nov 24 1908

Place of Burial Oak Lawn Cemetery

Date Nov. 26th 1908

Undertaker H. Sauder & Son

Address 1110 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C17430 Registered No. B C17430

92

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius W. Kortman

{Residence, if in Baltimore, Give Street and Number.} 903. South Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Schmidt

(Address) 622 S. Broadway

Filed 11/25 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25" 1908

I HEREBY CERTIFY, That I attended deceased from Nov 19" 1908 to Nov 25" 1908 that I last saw him alive on Nov 25" 1908, and that death occurred, on the date stated above, at 5.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date Nov 25" 1908

Place of Burial 1st Evangelical Cem

Date Nov 27th 1908

Undertaker H. Sanders & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 3 Registered No. C C7431

CERTIFICATE OF DEATH.

48

(Place of Death.) No. 1524 E Pratt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine E Young

Residence, Give Street and Number, 1524 E Pratt St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Oct 5 1837

AGE 71 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Michel Young

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Johanna Rimpe

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ada E Young

(Address) 1524 E Pratt

Filed 11/25 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 22nd 1908 to Nov. 23rd 1908

that I last saw her alive on Nov. 22nd 1908

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Arteriosclerosis

Chronic Rheumatism

1 year (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) A. F. Rice M. D.

Address 213 S. Broadway

Date Nov. 23d. 1908

Place of Burial Loudon Park

Date Nov 26 1908

Undertaker Robt J Turner

Address 1412 W Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

16

CERTIFICATE OF DEATH.

Registered No. B C17432

City of Baltimore, (No. 1326, Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Burns

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: ——— (Month) ——— (Day) 1854 (Year)

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Grace

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Gallagher

(Address) 1226 Division St

Filed 11/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 23 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov 23 1908 that I last saw h[illegible] alive on Nov 23 1908, and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Erysipelas.

(DURATION) 16 DAYS

Contributory Blood Poison

(DURATION) 10 DAYS

(Signed) B. B. Browne M. D.

Nov 25 1908 (Address) 510 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Nov 26 1908

UNDERTAKER: [illegible] & Sons | ADDRESS: 406 Saratoga

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTME[illegible]

Ward 21

Registered No. C[illegible]17433

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1242 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Davis

Residence, Give Street and Number, 1242 Columbia av

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: December 24 1860

AGE: 47 years, 11 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Madrid ~~Hudson~~ Lewson

BIRTHPLACE OF FATHER (State or county): Balto Md

MAIDEN NAME OF MOTHER: Rachael Ridge

BIRTHPLACE OF MOTHER (State or county): Bridgwater Del

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Davis

(Address) 1242 Columbia av

Filed Nov 25. 1908 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1908 to Nov 23 1908

that I last saw her alive on Nov 23 1908

and that death occurred, on the date stated above, at 11 10 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Contusions Pneumonia

(DURATION) 8 DAYS

Contributory (Primary) Heart failure

4 hours (DURATION) DAYS

(Signed) Jas. E. Timms M. D.

Address 155 Columbia a

Date Nov 23 1908

Place of Burial Westview Cem

Date Nov 26 1908

Undertaker Jos T Cook

Address 1003 N Balto

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20

27434

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 56 Garrison Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte C. Kraft.

{ Residence, if in Baltimore, Give Street and Number. } 56 Garrison Lane

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 29 1891

AGE 16 years, 11 months, 25 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR~~ ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER William C Kraft

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary McNinch

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) William C Kraft

(Address) 56 Garrison Lane

Filed Nov 25 1908 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23. 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 17. 1908 to Nov 23 1908 that I last saw her alive on Nov. 23, 1908, and that death occurred, on the date stated above, at 4.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 1735 Arlington Ave

Date Nov. 24. 1908.

Place of Burial Baltimore Cem

Date Nov 26 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C17435 Reg... D...17435

C 17435/66

CERTIFICATE OF DEATH.

(Place of Death.) No. Mallis Bldg. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Adam Fold Jr.

{Residence, if in Baltimore, Give Street and Number.} 1530 S Charles st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 23 1886

AGE: 21 years, 11 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Adam Fold Sr

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Teresa Keller

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josaphine Fold Wife

(Address) 1530 S. Charles st

Filed 11/25 190 8 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 190 8

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate

In Skull

(Struck by electric car accidentally a.v.s.)

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) C. J. Mallis M.D.

Coroner

Address ...

Date Nov 25 190 8

Place of Burial ~~Cedar~~ Holy Cross Wa...

Date Nov 26th 1908 190

Undertaker Geo Schilling & Son

Address Monument & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17[illegible] 190

CERTIFICATE OF DEATH.

C-17436

(Place of Death.) No. 530 N Montford Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Augustus G. Steigerwald

{Residence, if in Baltimore, Give Street and Number.} 530 N Montford Ave

Duration of Residence in Baltimore. 5 ft

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 26 1882

AGE: 26 years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): U.S. - Maryland

FULL NAME OF FATHER: Conrad Steigerwald

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hannah Lebo.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Can-maker & plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Steigerwald

(Address) 530 N. Montford St

Filed 11/25 190 8

HARRY G. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 24 1908

I HEREBY CERTIFY, That I attended deceased from May 27 1908 to Nov 24 1908

that I last saw h[illegible] alive on Nov 24 1908, and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart & Respiratory failure

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) [illegible] DAYS

(Signed) L. Partlinsky M.D.

Address 1114 S. Chesapeake St

Date Nov 24 1908

Place of Burial Oak Lawn Cemetary

Date Nov 26/08 190

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 3rd

Registered No. C C17437

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1417 Eastern Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ulricka Vendt

Residence, Give Street and Number, 1417 Eastern Ave

Duration of Residence in Baltimore, 13 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH June 26 1869

AGE 39 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER William Vendt

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Fredericke Verdt

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas Kunze

(Address) 1417 Eastern Ave

Filed 11/26 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov - 24 - 1908

I HEREBY CERTIFY, That I attended deceased from Sept - 1908 to Nov 24 - 1908

that I last saw her alive on Nov 22 - 1908

and that death occurred, on the date stated above, at 1 - 40 A - M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis (Intercurrent)

6 mos - (DURATION) DAYS

Contributory (Primary) Pleurisy

(DURATION) DAYS

(Signed) H C Barnes M. D.

Address 125 N Broadway

Date Nov - 25 - 08 190

Place of Burial Mount Carmel

Date Nov 26 1908

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Nov 30

Ward 12 C17450 Register No. 1908

109

CERTIFICATE OF DEATH.

(Place of Death.) No. 1310 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Skinner.

{Residence, if in Baltimore, Give Street and Number.} 1310 N. Carey St C17438

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH	1
AGE	44 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Joseph Moore
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Martha Moore
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Skinner

(Address) 1310 N. Carey St

Filed 11/26 1908 HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1908 to Nov 25 1908 that I last saw h alive on Nov 24 1908, and that death occurred, on the date stated above, at 6: A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Ulceration and perforation

(DURATION) DAYS

Contributory (Primary.) Probably Carcinoma.

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton ave

Date Nov. 25 1908

Place of Burial Easton Md

Date Nov 26th 1908

Undertaker Alex Hemsley

Address 538 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE

HEALTH DEPARTMENT, City of Baltimore

Ward 9

Registered No. C 17439

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 500 Chestnut Hill av (Waverly) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winston Wundell Goebel

Residence, Give Street and Number, 500 Chestnut Hill av

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: April 11 1908

AGE: years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Geo F. Goebel

BIRTHPLACE OF FATHER (State or county): Pittsburgh

MAIDEN NAME OF MOTHER: E. May Eutmaier

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. May Goebel

(Address) 500 Chestnut Hill Av

Filed 11/26 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1908 to Nov. 25 1908

that I last saw him alive on Nov. 25 1908

and that death occurred, on the date stated above, at 11 30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Passive Congestion of Lungs

(DURATION) 1 DAYS

Contributory (Primary) Organic heart disease

(DURATION) 7 months

(Signed) A. M. Anderson M. D.

Address 431 N. Carey St.

Date Nov. 25 1908

Place of Burial Greenmount Cem

Date Nov 27/1908 190

Undertaker Wm Cook

Address 502 E. Madison

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C 17440 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 3705 Chestnut Ave (Woodbury) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Gardner

Residence, Give Street and Number, 3705 Chestnut Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Aug 7 1

AGE 71 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~ Widow

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Unknown Gardner

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Unknown Marriott

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Nash

(Address) 3705 Chestnut Ave

Filed 11/26 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 24 1908

I HEREBY CERTIFY, That I attended deceased from November 22 1908 to November 24 1908 that I last saw her alive on November 22 1908 and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia (Senile)

(DURATION) DAYS

Contributory (Primary) Bronchuectasis

of two years (DURATION) DAYS

(Signed) [illegible] M. D.

Address 3849 Roland Ave

Date Nov 25 1908

Place of Burial Mt Carmel

Date Nov 27 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 17441

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 S. Hanover St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Osborne Ingle

Residence, Give Street and Number, 1804 Linden ave

Duration of Residence in Baltimore, one year

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 18 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Charles Co. Md.

FULL NAME OF FATHER: Julian Ingle

BIRTHPLACE OF FATHER (State or county): Baltimore Md.

MAIDEN NAME OF MOTHER: Melville B. McGuire

BIRTHPLACE OF MOTHER (State or county): Virginia

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Ingle

(Address) 1710 Park ave

Filed 11/26 1908

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24th 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ ..... 190 ..... to ..... 190 .....

~~that I last saw h~~ ..... alive on ..... 190 ..... abt

and that death occurred, on the date stated above, at 6 15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Sick-Hemorrhage due to abdominal wound open by elevator

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) W. F. Kelly Coroner M. D.

Address 163 E Baltimore

Date Nov 25 1908

Place of Burial Loudon Park Cemetery

Date Nov 27th 1908

Undertaker Stewart & Mowen Co

Address 215 Park Ave.

Remarks Accident, No Inquest necessary. W.F.Kelly

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B017442

City of Baltimore, (No. 1333 Carroll St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Tyler

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	2 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Tyler
BIRTHPLACE OF FATHER (State or country)	Don't know.
MAIDEN NAME OF MOTHER	Scott
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Bernard

(Address) 1333 Carroll St.

Filed 11/26 1908

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 24 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h[illegible]live on 190,

and that de[illegible] on the date stated above, at 5.30 A.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 14 DAYS

Contributory

(DURATION) DAYS

(Signed) Ronald T. Stevenson M.D.

190 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	11/26 1908
UNDERTAKER	ADDRESS
John H. Toadvine	142 Uttle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT,

Ward 18 CT443 Registered No. C CT443

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 921 Hollins. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret L. Costello.

Residence, Give Street and Number, 921. Hollins. St.

Duration of Residence in Baltimore, All life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR White.

DATE OF BIRTH Oct 25th 1850

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER John Costello

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary McGovern

BIRTHPLACE OF MOTHER (State or county) Maryland.

OCCUPATION OF DECEASED School-girl.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Costello

(Address) 921 Hollins St

Filed 11/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 24 1908.

I HEREBY CERTIFY, That I attended deceased from Sept. 2. 1908. to Nov. 24. 1908.

that I last saw her alive on Nov. 24 1908.

and that death occurred, on the date stated above, at 11.

12.1 M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Endocarditis.

24 hrs.

(DURATION) DAYS

Contributory (Primary) Tuberculosis — 3 months

(DURATION) DAYS

(Signed) A. O'Driscoll. M. D.

Address 26. N. Population Pl.

Date Nov. 25 1908

Place of Burial St Peters Cemetery

Date Nov 27th 1908

Undertaker H. C. Manning & Son

Address 541 Population St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C17444 Registered No. B C17444

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 S. Ann St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Rakobuski

{ Residence, if in Baltimore, Give Street and Number. } 234 S. Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	Nov 24 1907
AGE	1 year's, month's, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Michael Rakobuski
BIRTHPLACE OF FATHER (State or country)	Pland
MAIDEN NAME OF MOTHER	Anna Rakobuski
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Rakobuski

(Address) 234 S Ann St

Filed 11/26 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24 1908

I HEREBY CERTIFY, That I attended deceased from Nov 24 1908 to Nov 24 1908

that I last saw h alive on Nov 24 1908

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate

Premature Birth

8 hrs

(DURATION) 1 hr

Contributory (Primary)

(DURATION) DAYS

(Signed) J. F. Valentine M.D.

Address 11 E Preston

Date Nov 25 1908

Place of Burial Holy Rosary

Date Nov 25 1908

Undertaker Joseph Zborowski

Address 1708 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17445 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 734 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Authony Blount

{Residence, if in Baltimore, Give Street and Number.} 734 Pierce St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): North Carolina.

FULL NAME OF FATHER: Edward Blunt.

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Frances. Langhuj

BIRTHPLACE OF MOTHER (State or country): N.C.

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Blunt.

(Address) 734 Pierce St.

Filed 11/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24 1908

I HEREBY CERTIFY, That I attended deceased from Nov 14 1908 to Nov 24 1908 that I last saw him alive on Nov 23 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 7 DAYS

Con'tributory (Primary.) Coup pons

Pneumonia (DURATION) 3 Weeks

(Signed) D Lan Stuck M.D.

Address 647 N Lafayette Ave

Date Nov 24 1908

Place of Burial Mt Auburn Cemetery.

Date Nov. 26 1908

Undertaker Felix. B. Pye.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 17446

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 686 w Mulberry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Bailey

Residence, Give Street and Number, 686 w Mulberry

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR C

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. single

BIRTHPLACE (State or county) Balto md

FULL NAME OF FATHER Harry Bailey

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Bertha Massey

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Bailey

(Address) 686 W. Mulberry st.

Filed 11/26 190 8

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 25 190 8

I HEREBY CERTIFY, That I attended deceased from Nov 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R J Martin M. D.
Coroner

Address

Date Nov 26 190 8

Place of Burial Mt Auburn Cemetery

Date Nov 26th 190 8

Undertaker Felix B Pue.

Address 102 E Mulberry st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. C 1442

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2540, Fait ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew J. Biggerman

Residence, Give Street and Number, 2540, Fait ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male.	White

DATE OF BIRTH Nov. 14 — 1908

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER John Biggerman

BIRTHPLACE OF FATHER (State or county) Balto Md

MAIDEN NAME OF MOTHER Mandry Eastman

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Biggerman

(Address) 2540 Fait ave

Filed 11/26 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1908 to Nov. 25 1908

that I last saw him alive on Nov. 24 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary) Hypertheophied Thymus Gland (DURATION) 11 DAYS

(Signed) Pierre G. Dausel M. D.

Address 121 Jackson Square

Date Nov. 26 1908

Place of Burial Holy Rosary

Date Thursday Nov 26 1908

Undertaker M. F. Sadowski.

Address 703 S. Ann St.

Remarks

Ward 5 Registered No. B 21748

CERTIFICATE OF DEATH.

(Place of Death.) No. 441 North Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Roddy.

{ Residence, if in Baltimore, Give Street and Number. } 441 North Front St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Patrick Roddy.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Catherine Roddy

(Address) 441 North Front St

Filed Nov 26 190 8 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24th 190 8

I HEREBY CERTIFY, That I attended deceased from Oct 10th 190 8 to Nov 24th 190 8 that I last saw h[illegible] alive on Nov 24 190 8, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Val. dis of heart valves

dilatation.

(DURATION) 480 DAYS

Contributory (Primary.) Tuberculosis Pulmonalis. (DURATION) 90 DAYS

(Signed) Edmund Duckworth M.D.

Address 205 Cathedral St

Date Nov 26th 190 8

Place of Burial Cathedral Cemetery

Date November 27 190 8

Undertaker Henry W Mears & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 Registered No. C C17449

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1619 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Witzel

Residence, Give Street and Number, 1619 N Washington

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH September 20 1865

AGE 43 years, 2 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Simon Witzel

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Caroline Kramm

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Polisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise

(Address) 1571 N Collington Ave

Filed Nov 26 1908 MARY C. ANDREWS, Registrar. (PERMIT CLERK.)

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November - 25 - 1908

I HEREBY CERTIFY, That I attended deceased from July 16 1908 to November 25 1908

that I last saw h[illegible] alive on Nov. 24 1908

and that death occurred, on the date stated above, at 12.30 M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

Exhaustion (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1619 E Eager St

Date November 25 1908

Place of Burial Baltimore Cemetery

Date November 27 1908

Undertaker Robt J Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C C17450

CERTIFICATE OF DEATH.

124

(Place of Death.) No. Baltimore Cit Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rudolph Baumback

Residence, Give Street and Number, 2624 Young St.

Duration of Residence in Baltimore, 27 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH May 22. 1876

AGE 32 years, 6 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER August Baumback

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Reith

(Address) 2624 Young St.

Filed Nov 26 1908 HARRY C. ANDREWS, Registrar.
FEMALE CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 24 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1908 to Nov. 24 1908 that I last saw h in alive on Nov. 24 1908 and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary) Rupture of urethra

Extravasation of urine (DURATION) DAYS

(Signed) Wm. D Schmit M. D.

Address City Hospital

Date Nov. 24 — 1908

Place of Burial Mt Carmel Cem:

Date Nov 27th 1908

Undertaker C. W. Dill

Address 810 Fredk. ave:

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C 17451

118

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Teplitzky

Residence, Give Street and Number, 1529 E. Lombard St.

Duration of Residence in Baltimore, 7 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 36 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Wolf Teplitzky

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Sarah Mager

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Teplitzky

(Address) 1529 E Lombard St

Filed 11/27 1908

HARRY C. ARDEANS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1908 to Nov. 26 1908 that I last saw h[im] alive on Nov. 26 1908 and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute dilatation of stomach — Dyspaemia

(DURATION) 12 hrs DAYS

Contributory (Primary) Acute appendicitis

Foecal peritonitis (DURATION) 4 DAYS

(Signed) Wm J Schmitt M. D.

Address City Hospital

Date Nov. 26 1908.

Place of Burial Hebrew Boundary

Date Nov 27 1908

Undertaker Myers Funeral

Address 1220 Eastern Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C17452 Registered No. B C17452

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Mc Grath

{ Residence, if in Baltimore, Give Street and Number. } Preston and Valley Sts

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Owen Mc Grath

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Mc Donnell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Cyrille

(Address) Preston and Valley Sts.

Filed 11/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Living alive on Nov 25 190 8,

and that death occurred, on the date stated above, at 8 p. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A. Warren, M.D.

Address 1133 Valley St

Date Balto Nov 26 1908

Place of Burial Holy Cross ✓

Date Nov. 27th 1908

Undertaker H. C. Wiedefeld

Address 914 Guilford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C17453 Registered No. B C17453

106

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Osburn

{ Residence, if in Baltimore, Give Street and Number. } Preston and Valley Sts

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Burns

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Cyrille

(Address) Preston & Valley Sts

Filed 11/27 1908 MARY C. ARDERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22nd 190 to 190

that I last saw h Sr alive on Nov 25 190 8,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

3 months (DURATION) DAYS

Contributory (Primary.) Cholera

(DURATION) DAYS

(Signed) F. McNamee M.D.

Address 1133 Valley st

Date Nov 26 1908

Place of Burial Holy Cross

Date Nov 28 1908

Undertaker H. C. Wintefield

Address 714 Greenmount Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17454 Registered No. B C17454

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1312 Rutter St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Memphis Napoleon Hines

{Residence, if in Baltimore, Give Street and Number.} 1312 Rutter St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Jan 23 1907

AGE: 1 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Edward A. Hines

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Lucy J. Freeman

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. A. Hines

(Address) 1312 Rutter St

Filed 11/27 1908

HARRY O. ARDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Nov 26 1908 that I last saw him alive on Nov 26 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 5 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Albert F. Cooney M.D.

Address 1412 Mt Royal Ave

Date Nov 26 1908

Place of Burial Mt. Auburn Cemetery

Date Nov. 28th 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C12455

City of Baltimore, (No. 1037, Fremont Ave 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza A. Gordon

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Male~~ Female

COLOR: White

DATE OF BIRTH: May (Month) 14th (Day) 1837 (Year)

AGE: 71 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm Pargeter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary L. Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Willie Costello

(Address) 1037 Fremont Ave

Filed 11/27 1908

HARRY C. ARDREY, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 12 1908 to Nov 26 1908 that I last saw h[illegible] alive on Nov 26 1908, and that death occurred, on the date stated above, at 3 a M. The CAUSE OF DEATH was as follows:

Adam Stokes Syndrome (Syndrome)

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) James McFee Conn M. D.

Nov 27 1908 (Address) 210 E Chase St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetery — DATE OF BURIAL: Nov 28 1908

UNDERTAKER: A F Baldwin — ADDRESS: [illegible]

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C17456

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1016 Park ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel W. H. Cook

Residence, Give Street and Number, 1016 Park ave

Duration of Residence in Baltimore, 30yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Grian - Ann

DATE OF BIRTH: 1839

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 11/27 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 11/25 1908

I HEREBY CERTIFY, That I attended deceased from 11/25 1908 to 11/25 1908

that I last saw him alive on 11/25 1908

and that death occurred, on the date stated above, at 7.15 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Two Months (DURATION) DAYS

Contributory (Primary)

Old Age (DURATION) DAYS

(Signed) A. Lee Ellis M. D.

Address 722 Mad. ave

Date 11/27 1908.

Place of Burial Mt Auburn Cem

Date Nov 29 1908

Undertaker J. A. Burke

Address 1107 Druid

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 17457

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 918 Jordan Alley. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emanuel Carter.

Residence, Give Street and Number, 918 Jordan Alley

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Col.

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county): Bucks Md

FULL NAME OF FATHER: Emanuel Carter

BIRTHPLACE OF FATHER (State or couuty): Bucks mc

MAIDEN NAME OF MOTHER: Lottie Johnson

BIRTHPLACE OF MOTHER (State or county): Bucks md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Burch

(Address) 1107 Dekcer

Filed 11/27 1908

MARY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 24 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Richard Hall Dorsey M. D.

Address 700 N. Lafayette Ave (Corner)

Date Nov. 24. 1908

Place of Burial Mt Auburn Cemetery

Date Nov 27 1908

Undertaker J. H. Burch

Address 1107 Dekcer

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C17458 Registered No. B C17458

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1811 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John William Houck

{Residence, if in Baltimore; Give Street and Number.} 1811 Brunt St.

Duration of Residence in Baltimore. 21 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 3, 1876

AGE: 32 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick, Md.

FULL NAME OF FATHER: Charles H. Houck

BIRTHPLACE OF FATHER (State or country): Frederick, Md.

MAIDEN NAME OF MOTHER: Mary Ellen Hartsock

BIRTHPLACE OF MOTHER (State or country): Frederick, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Houck

(Address) 1811 Brunt St.

Filed 11/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 23 1908 to Nov 25 1908 that I last saw him alive on Nov 24 1908, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alys Sagl M.D.

Address 708 N Bdway

Date 11/27/08 190

Place of Burial Loudon Park Cemetery

Date November 27, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

C17459

Registered No. C 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 E. Biddle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Geo~~ Virginia Herzog.

Residence, Give Street and Number, 911 N. Howard St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female | COLOR: white

DATE OF BIRTH: Aug 1st 1843

AGE: 65 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: widowed

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Bernard Haughey

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: ~~Virginia~~ Elizabeth McDaul

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A Herzog

(Address) 911 N Howard St

Filed 11/27 1908

HARRY C. ARMISS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 25 1908

I HEREBY CERTIFY, That I attended deceased from Feby. 12 1908 to Nov 25 1908

that I last saw her alive on Nov 24 1908

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Carcinoma of Breast and Stomach

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) B P Herzog M. D.

Address 1322 N. Stricker St

Date Nov 25 1908

Place of Burial New Catholic Cem

Date Nov 28th 1908

Undertaker Henry W Jenkins & Sons Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — Registered No. C 17460 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor. Montford Ave & Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Bladin

Residence, Give Street and Number, 127 N. Patterson Park

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female — COLOR White

DATE OF BIRTH June 8th 1903

AGE 5 years, 5 months, 16 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Chas. B. Bladin

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Marie Dietl

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas B. Bladin

(Address) 127 N Patterson Pk Ave

Filed 11/27 1908

ROBERT C. ANDREWS. Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1220 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Body crushed, accidentally by street car No 449 (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Fred'k Carullen M. D.

Address Coroners Office

Date Nov 25 1908

Place of Burial Lorraine Cem.

Date 11/27/08 190

Undertaker Herwig & Son

Address 2008 Orleans St.

Remarks

Ward 17 C17461 Registered No. B C17461

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 Oliver Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Myrtle Francis Harrison

{ Residence, if in Baltimore, Give Street and Number. } 517 Oliver Pl

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec 3 1907

AGE ..... years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER LeRoy Harrison

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Blanche V. Belt

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) LeRoy Harrison

(Address) 517 Oliver Pl

Filed 11/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Nov 25 1908

that I last saw h[illegible] alive on Nov 25 1908

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Smith M.D.

Address 206 - 3rd ave

Date Nov 26 1908

Place of Burial Mt Mary's

Date Nov 27 1908

Undertaker A S Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 7 — C17462 — Registered No. B C17462

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Troeger

{Residence, if in Baltimore, Give Street and Number.} 1106 Pinckney

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 5 1885

AGE: 23 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jacob Troeger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katie Merwartz

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Troeger

(Address) 1106 Pinckney

Filed 11/27 1908 HARRY O. ARDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Nov: 24 1908 that I last saw her alive on Nov: 24 1908 and that death occurred, on the date stated above, at 12 a.m. CAUSE OF DEATH (Secondary or Immediate)

Valvular heart disease.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Hurd Jones M.D.

Address Johns Hopkins Hospital

Date Nov. 25" 1908

Place of Burial Cedar Hill

Date Nov 27 1908

Undertaker W. J. Dickney & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C17463

Ward 9 Registered No. C 64

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Cemetery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G Ochs.

Residence, Give Street and Number, St Vincents Cem

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male. COLOR White

DATE OF BIRTH 1

AGE 77 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER John Ochs

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Ochs.

(Address) St. Vincents Cemetery

Filed 11/27 1908 HARRY C. ARDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 26- 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Nov 26 1908

that I last saw him alive on Nov 26 1908

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage with following Paralysis

about (DURATION) 4 DAYS

Contributory (Primary) old age, or Arterial Sclerosis (DURATION) — DAYS

(Signed) James B. Bennett M. D.

Address 1211- N. Caroline St

Date Nov 26- 1908

Place of Burial Holy Redeemer

Date Nov. 28/08 1908

Undertaker Lowbook

Address 802 E. Madison

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17464 Registered No. B 29

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 N Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cora V. Spittle

{ Residence, if in Baltimore, Give Street and Number. } 406 N Mount St.

Duration of Residence in Baltimore. 16 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 20 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Andrew Spittle

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Posey

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Spittle.

(Address) 406 N Mount St

Filed 11/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH NOV 26 1908 190

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to Nov 26th 1908 that I last saw h[illegible] alive on "25th 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Tuberculosis

(DURATION) 6 mos DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 1251 Fulton Ave

Date Nov 26th 1908

Place of Burial St Mary's Cemetery (Hampden)

Date NOV 29 1908 1901

Undertaker Geo A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. C17465 29

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Stanley

{ Residence, if in Baltimore, Give Street and Number. } Prince Geos Co. Md

Duration of Residence in Baltimore. 24 yrs Stanley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 27 years, ... mont's, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Prince Geo Co Md

FULL NAME OF FATHER Samuel Stanley

BIRTHPLACE OF FATHER (State or country) Prince Geo Co

MAIDEN NAME OF MOTHER Ann Young

BIRTHPLACE OF MOTHER (State or country) Prince Geo's Co.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Wyles Warden

(Address) Md Penitentiary

Filed 11/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Nov 27 1908

that I last saw h[illegible] alive on Nov 27 1908

and that death occurred, on the date stated above, at 5.25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Interstitial Nephritis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Contusion

..... (DURATION) ..... DAYS

(Signed) J. Theodore Cook Jr. M.D.

Address 1808 N. Eden St.

Date Nov 27 1908

Place of Burial Sacred Heart Cem't.

Date Nov. 27, 1908.

Undertaker Chas. L. Evans.

Address 418 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 17466

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick McDonald

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	W.

DATE OF BIRTH — 1

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Lab —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/27 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24 1908

I HEREBY CERTIFY, That I attended deceased from 9/2 1908 to Nov 24 1908

that I last saw h alive on Nov 24 1908

and that death occurred, on the date stated above, at 10 45 M.

CAUSE OF DEATH (Secondary or Immediate,)

Edema of Lungs

Exhaustion due to

(DURATION) DAYS

Contributory (Primary) Heart Disease

(DURATION) DAYS

(Signed) W. W. Baker M. D.

Address Bay View Hospital

Date Nov 25 1908

Place of Burial Sacred Heart

Date NOV 27 1908 190

Undertaker Chas H. Evans

Address 1320 W. Fayette Road Ave

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17467 Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 W. Centre St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Livingstone

{ Residence, if in Baltimore, Give Street and Number. } 221 W. Centre St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov. 26th, 1908

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Jackson Eanes

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sarah W. Precise

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest A. Livingstone

(Address) 221 W. Centre St.

Filed 11/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11th 1908 to Nov. 26th 1908 that I last saw h[illegible] alive on Nov. 25th 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

2 Wks, (DURATION) 2 DAYS

Contributory (Primary.) Grip.

4 years (DURATION) — DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date Nov. 27th 1908

Place of Burial Greenmount Cem

Date Nov. 28th 1908

Undertaker John Burnett Sons

Address Towson

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B. C17468

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 22½ Mr St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Alex Smith

{Residence, if in Baltimore, Give Street and Number.} 400 22½ Mr

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 5 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Hayden Smith

BIRTHPLACE OF FATHER (State or country): do

MAIDEN NAME OF MOTHER: Anne Stansberry

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hayden Smith

(Address) 400 22½ St

Filed 11/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Result of Burns, accident (Playing with matches) of 2.5

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Austin Smith M.D.

Address 1913 N. Chester

Date Nov 25 1908

Place of Burial Laurel

Date Nov 27 1908

Undertaker 506 Rogers Ave

Address R. A. Elliott

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9X

Registered No. C C17469 87

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bruce Hesen

Residence, Give Street and Number, Oakland Md

Duration of Residence in Baltimore, 4 weeks

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: H. W. Hesen

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Helen S Pringle

BIRTHPLACE OF MOTHER (State or county): Scotland

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H S Hesen

(Address) Chesapeake Beach Md

Filed 11/27 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Nov 26 1908

that I last saw him alive on Nov 26 1908

and that death occurred, on the date stated above, at 2

a M. CAUSE OF DEATH (Secondary or Immediate,)

Aneurysm of Arch of Aorta

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Elmer Gill Hall M. D.

Address St Josephs German Hosp

Date Nov 26 1908

Place of Burial Oakland Cemetery Co md

Date Nov 27 1908

Undertaker Jos B Cook

Address 1013 to 1015 Bell St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 17470

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Phillipth Darmstadt

Residence, Give Street and Number, 408 S. Chapel St.

Duration of Residence in Baltimore, 60 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	June 15th 1829
AGE	79 years, 5 months, 10 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Married
BIRTHPLACE (State or county)	Germany
FULL NAME OF FATHER	Henry Darmstadt
BIRTHPLACE OF FATHER (State or county)	Germany
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or county)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Regena Darmstadt

(Address) 408 S. Chapel St

Filed Nov 27 1908 HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 25th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 24 1908 to Nov 25 1908 that I last saw him alive on Nov 24 1908 and that death occurred, on the date stated above, at 9 45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Old age, & weakness & debility incident to old age

(DURATION) DAYS

Contributory (Primary) Hernia 12 yrs &

Erysipelas 7 days.

(DURATION) DAYS

(Signed) R. T. Hardy M. D.

Address 1902 Bank St

Date November 26 1908

Place of Burial Holy Redeemer Cemetery

Date NOV 28 1908 190

Undertaker Lilly and Zeiler

Address 402 S Wolfe St.

Remarks

Ward 19 — Registered No. B 1220

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Quartuia

{ Residence, if in Baltimore, Give Street and Number. } Sharpstown Md

Duration of Residence in Baltimore. Four days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER John L Quartuia

BIRTHPLACE OF FATHER (State or country) Worcester Co Md

MAIDEN NAME OF MOTHER Coppage

BIRTHPLACE OF MOTHER (State or country) Do

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lou Bell

(Address) 320 N. Schroeder St

Filed 11/27 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26th 1908 (afternoon)

I HEREBY CERTIFY, That I attended ~~deceased from~~ ..... 190.. to ..... 190..

~~that I last saw h~~ ..... alive on ..... 190..,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Wm Rulany coroner M.D.

Address 1639 E Baltimore

Date Nov 27 1908

Place of Burial Sharpstown Md

Date Nov 27th 1908

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. RULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C17472 Registered No. B C17472

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 703 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gaines

{Residence, if in Baltimore, Give Street and Number.} 703 Hanover St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Nov 26 1908

AGE ..... years, ... months, 5 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm. C. Gaines

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A. Roach

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Gaines

(Address) 703 Hanover St

Filed 11/27 1908

HARRY C. ARLDAWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 26th 1908 to Nov 26th 1908

that I last saw h.m alive on Nov 26th 1908,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) John T. McCarthy M.D.

Address 618 W Franklin St

Date Nov 27th 1908

Place of Burial Holy Cross Cemetery

Date Nov 27th 1908

Undertaker F. A. Kraus + Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C174?3

C174?3

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Adams

{ Residence, if in Baltimore, Give Street and Number. } 1808 Barclay St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 14th 1846

AGE: 62 years, seven months, 12 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Zach Tippell

BIRTHPLACE OF FATHER (State or country): St Marys Co. Md

MAIDEN NAME OF MOTHER: Cealia Thompson

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Richards

(Address) 1808 Barclay St

Filed 11/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Thursday Nov 26th 1908

I HEREBY CERTIFY, That I attended deceased from November 1907 to Nov 26th 1908

that I last saw h[illegible] alive on Nov 20th 1908,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Paralysis (DURATION) Days

Contributory (Primary.) Carcinoma of Womb (DURATION) Years Months

(Signed) [illegible] M.D.

Address 607 N. Charles

Date Nov 26th 1908

Place of Burial Baltimore

Date Nov 28 1908

Undertaker G. F. Walker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C17474 Registered No. B C17474

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. George Anna Curlett

{Residence, if in Baltimore, Give Street and Number.} Church Home and Infirmary

Duration of Residence in Baltimore. All her life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 18th August 1825

AGE: 83 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Price

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Rutter

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Curlett Fiske

(Address) Harrisburg Pa

Filed 11/27 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 26th 1908

I HEREBY CERTIFY, That I attended deceased from June 15th 1908 to Nov 26th 1908 that I last saw her alive on Nov 26th 1908 and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) J Herbert Bates M.D.

Address Church Home & Infirmary.

Date November 26, 1908

Place of Burial Greenmount Cemetery

Date Nov 28" 1908

Undertaker H. & W. Jenkins & Sons Co

Address 306 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C 174175

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kunigunde Dieckmann

Residence, Give Street and Number, 818 Curtain Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX female COLOR white

DATE OF BIRTH January 10 1848

AGE 60 years, 10 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER John Muersgiller

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Regina Merkel

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick Muersgiller

(Address) 40 Loudon Ave

Filed 11/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 14 1908 to Nov 25 1908

that I last saw h alive on Nov 25 1908

and that death occurred, on the date stated above, at 7.30 P.M.

CAUSE OF DEATH (Secondary or Immediate,) Dilatation of Heart

(DURATION) DAYS

Contributory (Primary) Chronic inter stitial nephritis (DURATION) 6 mos. DAYS

(Signed) John J. Coughlin M. D.

Address St. Joseph's Hosp.

Date Nov. 25 1908

Place of Burial London Park Cemetery

Date Nov. 27th 1908

Undertaker Geo. Bentz

Address 594 N Bridle St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Ensor St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Parks

Residence, Give Street and Number, 810 Ensor St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Black

DATE OF BIRTH 1863

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Wm Parks

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Jones

(Address) 826 Mechanic St

Filed 11/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 24 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Nov 24 1908

that I last saw h[illegible] alive on Nov 24 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Exhaustion

(DURATION) one DAYS

(Signed) O. E. Fell M. D.

Address 200 Eutaw St

Date Nov. 25 1908

Place of Burial UNIVERSITY OF MARYLAND

Date NOV 27 1908 1908

Undertaker Commissioner Lovell, Per. Wm. E. Woodall.

Address

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

230

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

C17477

Registered No. C 17477

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 529 N. Hoffman St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie Banks

Residence, Give Street and Number, 529 N. Hoffman St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Col.

DATE OF BIRTH: Unknown 1

AGE: ..... years, ... months, 3 weeks ~~days~~

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: John Jones.

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Mamie Banks.

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/27 190 8 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 24 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw h ..... alive on ..... 190 ..... and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Silas Ball Dixon M. D.

Address 700 N. Lafayette (Corner)

Date Nov. 24 1908.

Place of Burial UNIVERSITY OF MARYLAND.

Date NOV 27 1908 190

Undertaker Commissioner Health,

Per Wm. E. WOODALL

Address

FOR ANATOMICAL PURPOSES

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

40

Ward 15 Registered No. B 012428

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 Presstman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hillie White

{Residence, if in Baltimore, Give Street and Number.} 1618 Presstman St.

Duration of Residence in Baltimore. Fourteen years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Lightbrownskin

DATE OF BIRTH February 22 1893

AGE 15 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Manchester Va.

FULL NAME OF FATHER William Henry White

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER Martha Stovall

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie R. White

(Address) 1618 Presstman St.

Filed Nov 27 1908 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1908.

I HEREBY CERTIFY, That I attended deceased from Aug 24 1908 to Nov 26 1908 that I last saw h~~is~~ alive on Nov 26 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Miliary Tuberculosis of Lungs.

3 months (DURATION) 12 DAYS

Contributory (Primary.) Failure at Heart. (DURATION) DAYS

(Signed) Harry F. Brown M.D.

Address 1360 N. Stricker St

Date Nov 27 1908.

Place of Burial Mt Zion

Date Nov 28th 1908

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

HEALTH DEPARTMENT, City of Baltimore.

C17479

Registered No. C 17479

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1033 Park ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Jackson

Residence, Give Street and Number, 1033 Park ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Afro-Am

DATE OF BIRTH: 1854

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: widow

BIRTHPLACE (State or county): Va

FULL NAME OF FATHER: Richard unknown

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Bateman

(Address) 1033 Park ave.

Filed Nov 28" 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 16th 1908 to Nov. 26th 1908

that I last saw her alive on Nov. 23 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Stark Faelure

(DURATION) 2 DAYS

Contributory (Primary) Pneumonia

(DURATION) 3 months

Phthisis

(Signed) A. Lee Ellis M. D.

Address 922 Mad. ave

Date 11/27 1908

Place of Burial Bowling Green Va Caroline Co

Date Nov 28" 1908

Undertaker W. A. Elliott

Address 306 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C17480 Registered No. B C17480

CERTIFICATE OF DEATH.

(Place of Death.) No. 933 Mason Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Johnson

{ Residence, if in Baltimore, Give Street and Number. } 933 Mason al

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female Male — COLOR Colored	DATE OF DEATH Nov 27 1908
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Nov 26 1908
AGE ..... years, 10 months, ... days	that I last saw him alive on Nov 26 1908,
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Baltimore Md	Respiratory Failure
FULL NAME OF FATHER Richard Johnson	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country) West River Md	Contributory (Primary.) Bronchopneumonia
MAIDEN NAME OF MOTHER Manda Christon	(DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country) Appomattox Va	(Signed) W A Wenley M.D.
OCCUPATION OF DECEASED	Address 742 W Fayette St
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Nov 27 1908
(Informant) Manda Johnson	Place of Burial Laurel Cemetery
(Address) 933 Mason al	Date Nov 28 1908
Filed 11/28 1908 HARRY O. ANDROS, PERMIT CLERK, Registrar	Undertaker John W Henderson
	Address 31 N Carolina st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C17481 Registered No. B C17481

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 920 N. Baltimore St. (If Death occurred in Hospital or institution give its Name instead of Street and Number.

Full Name Minnie Carter

{ Residence, if in Baltimore, Give Street and Number. } 21 S. Schroeder St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR d

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) King Geo. Co. Va.

FULL NAME OF FATHER Armistead Carter

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Polly C. Dixon.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Cooks

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Earnest Nolan.

(Address) 21 S. Schroder

Filed 11/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Nov 26 1908

that I last saw h-er alive on Nov. 26 1908

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate

Angina Pectoris

12 hours (DURATION) DA

Contributory (Primary.)

Apnoea (DURATION) DA

(Signed) V L Norwood M.

Address 939 W Fayette St

Date Nov. 26 1908

Place of Burial Laurel

Date Nov 29 1908

Undertaker A J. Freeland

Address 106 N. Schroder st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 CR 7482 Registered No. B CR 7482

CERTIFICATE OF DEATH.

(Place of Death.) No. 236 N. Schroeder St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name George E. W. Burton

{ Residence, if in Baltimore, Give Street and Number. } 236 N Schroeder St

Duration of Residence in Baltimore. 12 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Levin Burton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Susie Stevens

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bell Burton

(Address) 236 N Schroeder St

Filed 11/28 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1908 to Nov. 27 1908 that I last saw h[illegible] alive on Nov 25 1908, and that death occurred, on the date stated above, at 5:25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) 45 DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) ... DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N Carey St

Date Nov. 27 1908

Place of Burial Mt Auburn Cemetery

Date Nov 29 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City

Ward 8 Registered No. C 17483 C17453 67

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Krauss.

Residence, Give Street and Number, 2443 E. Preston St

Duration of Residence in Baltimore, 51 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White,

DATE OF BIRTH July 2. 1857

AGE 51 years, 4 months, 24 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married.

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Conrad C Krauss

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Sophia K. Holyner

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Detective

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chas C Krauss

(Address) 2443 E Preston St

Filed 11/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 24 1908 to Nov 26 1908

that I last saw him alive on Nov 26 1908

and that death occurred, on the date stated above, at 930 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis.

(DURATION) 4 DAYS

Contributory (Primary) Cerebral Hemorrhage. (DURATION) 4 DAYS

(Signed) S. H. Streett M. D.

Address Md. Genl Hospital.

Date Nov 26 1908

Place of Burial Baltimore Cem

Date November 28 1908

Undertaker Joseph B Cook

Address 1032 W Balto St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C17484 Registered No. B C17484

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1634 W Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bount McMechen Reed

{ Residence, if in Baltimore, Give Street and Number. } 1634 W Balto

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W Male

DATE OF BIRTH May 23 1845

AGE 63 years, 6 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Louis Reed

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Mary J McMechen

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mellenrice Reed

Address 1634 W Balto St

Filed 11/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1908

I HEREBY CERTIFY, That I attended deceased from Sept 21 1908 to Nov 27 1908 that I last saw h[illegible] alive on Nov 26 1908, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Congestion

10 D (DURATION) DAYS

Contributory (Primary.) Pneumonia

3 wks (DURATION) DAYS

(Signed) Chas. F. Black M.D.

Address 1523 W Balto

Date Nov 27 1908

Place of Burial Mt Carmel

Date Nov. 28 1908

Undertaker Jos I Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward V

CT7485

Registered No. B CT7485

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2215 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. M. King

{ Residence, if in Baltimore, Give Street and Number. } 2215 N. Charles St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 11 — 1839

AGE: 69 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Varnish Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olevia King

(Address) 2215 N. Charles St

Filed 11/28 1908

HARRY C. ARNOLD, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

Asphixia

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Lewis Lautenbach M.D.

Address 1802 N. Charles St

Date Nov 27 1908

Place of Burial Loudon Park

Date Nov. 28 1908

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

119

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17486

City of Baltimore, (No. 1036, Argyle Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alexander Gough

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Benjamin Gough

BIRTHPLACE OF FATHER (State or country): St Marys Co Md.

MAIDEN NAME OF MOTHER: Teresa Brett.

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Gough

(Address) 1036 Argyle Ave.

Filed 11/28 1908

HARRY C. ANDREWS,
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11 1908 to Nov 27 1908 that I last saw h alive on Nov 27 1908, and that death occurred, on the date stated above, at 12:10 P. M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis
Followed by Acute
Bright's + Anaemia
Coma (DURATION) 15 DAYS

Contributory Anaemic Coma (DURATION) 1 DAY

(Signed) R B Kenyon M. D.

Nov 27 1908 (Address) 422 N Greene

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Nov 29th 1908

UNDERTAKER: Felix B. Pye

ADDRESS: 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th

C17487

Registered No. B

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 2214 Esternaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August J Smaith

{Residence, if in Baltimore, Give Street and Number.} 2214 Esternaw

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 8 1908

AGE: ... years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John P Smith

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Lilly Forshied

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P Smith

(Address) 2214 Esternaw

Filed 11/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1908 to Nov. 27 1908

that I last saw him alive on Nov. 27 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of lungs

(DURATION) 8 hours ~~DAYS~~

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) John A. Rehberger M.D.

Address #1709 Alice Anna St.

Date November 27 1908.

Place of Burial Oak Lawn Cemetery

Date Nov 28 1908

Undertaker Louis Heimann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 11 Registered No. C 17488 C 17487

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Mc Donell

Residence, Give Street and Number, North East Md.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female — COLOR White

DATE OF BIRTH 1890

AGE 18 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER W. J. McDonell

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Melvina Clarke

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. McDonell

(Address) Northeast Md

Filed 11/28 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 11-28 1908

I HEREBY CERTIFY, That I attended deceased from 11-9 1908 to 11-28 1908

that I last saw her alive on 11-28 1908

and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

Pleurisy (DURATION) DAYS

(Signed) W. A. V. Smith M. D.

Address Md. Gen Hospital

Date 11-28 1908

Place of Burial Northeast Md

Date Nov 29th 1908

Undertaker Wm M. Lauthers

Address Katts & Lauderdale

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C17483 Registered No. B C17483

CERTIFICATE OF DEATH.

77

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred Morgan

{Residence, if in Baltimore, Give Street and Number.} Washington D C

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Black

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Norfolk Va.

FULL NAME OF FATHER Bryant Morgan

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Williams

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Wyglen, Warden.

(Address) Md Penitentiary

Filed 11/28 1908 HARRY O. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Nov 27 1908

that I last saw h alive on Nov 27 1908, 4.25

and that death occurred, on the date stated above, at A. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

Sis Months (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Theodore Cook M.D.

Address 1808 N. Charles St

Date Nov 28 1908

Place of Burial Sacred Heart

Date Nov 28 1908

Undertaker Chas F. Evans

Address 18 W. Mt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C17456 C17490 Registered No. B

CERTIFICATE OF DEATH.

Place of Death.) No 2201 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Laemmerhurt

{ Residence, if in Baltimore, Give Street and Number. } 2201 W Baltimore St.

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~ 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Lewis Laemmerhurt

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Bottler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Burton

(Address) 2201 W Balto St

Filed 11/28 1908

HARRY C. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH NOV 27 1908 190

I HEREBY CERTIFY, That I attended deceased from Nov 26th 1908 to Nov 27th 1908 that I last saw him alive on Nov 27th 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw C. Mortimer M.D.

Address 125 N Fremont Ave

Date Nov 27th 1908

Place of Burial Western Cemetery

Date NOV 29 1908 190

Undertaker George A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C17491 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 S Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Perry

{Residence, if in Baltimore, Give Street and Number.} 218 S Spring St

Duration of Residence in Baltimore. 75 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Nov 27 1908

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) West Va

FULL NAME OF FATHER Thos. Perry

BIRTHPLACE OF FATHER (State or country) — — —

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) — — —

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Perry

(Address) 218 S. Spring St

Filed 11/28 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sadler Comm M.D.

Address 320 N Greene St

Date 190

Place of Burial Asbury Cemetary

Date Nov 29 1908

Undertaker Henry A. Vodery

Address 333 S. Carolina St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

C17492

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C17492

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 507, Burgundy ad. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lavalla Webb

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 60 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Widow.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Isaac Ross.

BIRTHPLACE OF FATHER (State or country): Don't know.

MAIDEN NAME OF MOTHER: Julia a —

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Webb

(Address) 507 Burgundy al.

Filed 11/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 26 1908 to Nov 27 1908

that I last saw h[illegible] alive on Nov 26 1908,

and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Pyemia

(DURATION) 7 DAYS

Contributory Cerebral

(DURATION) 7 DAYS

(Signed) [illegible] M. D.

Nov 27 1908 (Address) 528 Fremont St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	11/29 1908
UNDERTAKER	ADDRESS
John H. Toadvine	142 W. Hill St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 017493 Registered No. B 017493

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 577 W Hoffman St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) St.

Full Name Caroline LaBrade

{Residence, if in Baltimore, Give Street and Number.} 577 W Hoffman St

Duration of Residence in Baltimore Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 58 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) md

FULL NAME OF FATHER George Colby

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Martha Allen

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Labrade

(Address) 577 W Hoffman St

Filed 11/28 1908 HARRY O. ARDMAN Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH, Friday Nov 27th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7th 1908 to Nov 27th 1908 that I last saw h[illegible] alive on 24th 1908, and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Paralysis (DURATION) DAYS

Contributory (Primary.) Valvular dis. of heart (DURATION) 3 months DAYS

(Signed) A Welch M.D.

Address 607 N Charles St

Date Balto Nov 27th 1908

Place of Burial St. Peter's Cemetery

Date Nov. 29 1908

Undertaker John H. Badders

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 017494 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 Potter Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Buckingham

{Residence, if in Baltimore, Give Street and Number.} 725 Potter Ave

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: March 31 1850

AGE: 58 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: ___

BIRTHPLACE OF FATHER (State or country): ___

MAIDEN NAME OF MOTHER: ___

BIRTHPLACE OF MOTHER (State or country): ___

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Christie Buckingham

(Address) 725 Potter ave

Filed 11/28 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1908 to Nov 27 1908

that I last saw h[illegible] alive on Nov 27 1908

and that death occurred, on the date stated above, at 11.30 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Jos. T. Herring M.D.

Address [redacted] St Paul & 25th

Date Nov 27th 1908

Place of Burial Finksburg Carroll Co Md

Date Nov 29 1908

Undertaker Clarence Routson

Address 231 N Greene St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — CL7495 — Registered No. B CL7495

CERTIFICATE OF DEATH.

(Place of Death.) No. 739 Third Ave. Hampden St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Maurice J. Yingling

{Residence, if in Baltimore, Give Street and Number.} 739 Third Ave. Hampden

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 29th 1892

AGE: 16 years, 9 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Carroll Co. Md.

FULL NAME OF FATHER: Jacob J. Yingling

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md.

MAIDEN NAME OF MOTHER: Anna D. Yingling

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Carroll Yingling

(Address)

Filed 11/28 1908 HARRY C. ARDEN, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1908 to Nov. 26th 1908

that I last saw him alive on Nov 25th 1908

and that death occurred, on the date stated above, at 2.40 A. M. CAUSE OF DEATH (Secondary or Immediate

Typhoid fever

(DURATION) 16 DAYS

Contributory (Primary.) Eczema (DURATION) 2 months ~~DAYS~~

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Nov 26th 1908

Place of Burial Carroll Co. Linwood Md

Date Nov 29 1908

Undertaker W. Maurice Routson

Address 230 N. Greene St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 HEALTH DEPARTMENT, City Registered No. C 67456

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Jones

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH Oct. 29 1907

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy

(Address) /

Filed 11/28 1908 HARRY C. ARMANS, PUBLIC CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Nov. 26 1908

that I last saw him alive on 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John C. Manning M. D.

Address St Vincents Hospital

Date Nov. 27 1908

Place of Burial Our Cathedral

Date Nov. 28 1908

Undertaker Martin Fahey & Sons.

Address 606 Lafayette Ave.

Remarks .....

HEALTH DEPARTMENT, City

Ward IX

Registered No. C 17497

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Vincents Infant Asy. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sevens.

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address) .....

Filed 11/28 1908 HARRY C. ARIPPS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 27 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Nov. 26 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) John C. Manning M. D.

Address St Vincents Hospital

Date Nov. 27 1908

Place of Burial New Cathedral

Date November 1908

Undertaker Martin Fahey & Son

Address 616 Lafayette Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5 C17498 Registered No. B C17498

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine E Green

{Residence, if in Baltimore, Give Street and Number.} 11 S. Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 4th 1834

AGE 74 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jonathan Keller

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Bumgardner

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Martin

(Address) 11 S. Bond St

Filed 11/29 1908 MARY C. ARNETT, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH NOV 26 1908 190

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Nov 26 1908 that I last saw h— alive on Nov 26 1908 and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(DURATION) 2 DAYS

Contributory (Primary.) Strangulation

(DURATION) 1 DAY

(Signed) G. T. Terry M.D.

Address 173 E Lanvale St.

Date NOV 27 1908 190

Place of Burial Mt. Olivet Cem. ✓

Date NOV 29 1908 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17499 Registered No. B C17499

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Brunt St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Sarah Young

{Residence, if in Baltimore, Give Street and Number.} 1706 Brunt St-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	Colored
DATE OF BIRTH	Oct 27 1889
AGE	19 years, 1 months, no days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Wm Young.
BIRTHPLACE OF FATHER (State or country)	Queen Anne Co. Md
MAIDEN NAME OF MOTHER	Sophie Forester
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	House maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Young

(Address) 1706 Brunt St-

Filed Nov 29 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Nov 5 1908 that I last saw h[er] alive on Nov 27 1908, and that death occurred, on the date stated above, at 12 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gen debility-

Pneumonia (DURATION) 14 DAYS

Contributory (Primary.)

asphyxia (DURATION) 1 DAYS

(Signed) T E Dunglady M.D.

Address 1625 Pennsylvania

Date Nov 28 1908

Place of Burial Laurel Cemetery

Date Nov 29 1908

Undertaker Key & Grimsley

Address 578 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — C17500 — Registered No. B C17500

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 523 N. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Miller

{ Residence, if in Baltimore, Give Street and Number. } 523 N. Mulberry St

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): York Pa

FULL NAME OF FATHER: Gottlieb Buflapr

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Henrietta Ehrlich

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo Minton

(Address) 513 N Mulberry St

Filed Nov 29 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Nov 28 1908 that I last saw her alive on Nov 27 1908 and that death occurred, on the date stated above, at 4 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) 3 yrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 847 N Fayette St.

Date Nov 28 1908

Place of Burial Western

Date Nov 30 1908

Undertaker Wm J Schilling

Address 9 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19th — C17501 — Registered No. B C17501

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 115 Bloomsberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Benj. F. McLuigg

{ Residence, if in Baltimore, Give Street and Number. } 115 Bloomsberry St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Oct 21 1906

AGE: 2 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Walter McLuigg

BIRTHPLACE OF FATHER (State or country): N. J.

MAIDEN NAME OF MOTHER: Mamie Carter

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter McLuigg

(Address) 115 Bloomsbery St.

Filed Nov 29 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 1908 to Nov 28 1908

that I last saw h in alive on Nov 27 1908,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 1 DAYS

Con'tributory (Primary.) Acute Congestion of Lungs (DURATION) 12 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Nov 28 1908

Place of Burial Western Cemetery

Date Nov 30 1908

Undertaker Edward L. Lanning

Address 1460 Battery Av

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C17502 Registered No. B 17502 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 N. Port St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Albina Hosky

{ Residence, if in Baltimore, Give Street and Number. } 912 N. Port St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Hosky

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Petrona Novitsky

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hosky

(Address) 912 N. Port St

Filed Nov 29 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1908 to Nov 28 1908

that I last saw h alive on ' 190 '

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) 2 DAYS

Contributory (Primary.)

Endia Ehember (DURATION) DAYS

(Signed) W J Grant M.D.

Address 2000 Eastland Ave

Date Nov 29. 1908

Place of Burial St Elizabeths

Date Nov 29 1908

Undertaker Frank Brack and Son

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C17503 Registered No. C C17503

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 417 N. Chester St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant child of Augustus Matthias & Ellen Matthias

Residence, Give Street and Number, 417 N. Chester St.

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 28 1908

AGE: ..... years, ... months, 12 hours days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Agustus Matthias

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Ellen Cullen

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus Matthias

(Address) 417. N. Chester St.

Filed Nov 29. 1908 HARRY O. RAPP, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov. 29th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1908 to Nov 28th 1908

that I last saw h e alive on Nov 28th 1908

and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth at 7th month of Pregnancy

(DURATION) 1 DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Jeffers Beuchle M. D.

Address 2544 St Paul St

Date Nov 29th 1908

Place of Burial Baltimore Cemetery

Date Nov 29th 1908

Undertaker John B Spence

Address 1325 N. Carolina St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward C17504 Registered No. C C17504

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Billups

Residence, Give Street and Number, 930 Madison Ave.

Duration of Residence in Baltimore, 20 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX female COLOR White.

DATE OF BIRTH 1

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) W Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Wright

(Address) 1110 McCulloughst

Filed Nov 29 1908 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 29 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Nov. 29 1908 that I last saw her alive on Nov. 29 1908 and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Trouble and Nephritis (Bright's)

(DURATION) — DAYS

Contributory (Primary) Exhaustion

(DURATION) 30 DAYS

(Signed) J. F. Williams M. D.

Address Md. Gen Hosp

Date Nov. 29 1908.

Place of Burial Charlestown W Va

Date Nov 30/08. 190

Undertaker Wm Cook

Address 502 E. York st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 Registered No. B 17505

CERTIFICATE OF DEATH. 176

(Place of Death.) No. 2021 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant, son of Delaware & Marietta Andre

{ Residence, if in Baltimore, Give Street and Number. } 2021 St Paul St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 29 1908

AGE ..... years, ... months, 5 Minutes days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Delaware B Andre

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Marietta Donovan

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Delaware B Andre.

(Address) 2021 St Paul St

Filed Nov 29, 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 '08 1908

I HEREBY CERTIFY, That I attended deceased from Nov 29 1908 to Nov 29 1908

that I last saw h im alive on Nov 29 1908,

and that death occurred, on the date stated above, at 8

a M. CAUSE OF DEATH (Secondary or Immediate)

Died 5 minutes after birth as result of pressure

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Walton M.D.

Address 2124 St Paul

Date Nov 29 1908

Place of Burial Greenmount Cemetery

Date Nov 30 1908

Undertaker E. J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. C 7506

CERTIFICATE OF DEATH.

42

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Staiger

Residence, Give Street and Number, 808 W Pratt St

Duration of Residence in Baltimore, 14 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 15 1870

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Russia

FULL NAME OF FATHER: Georg Staiger

BIRTHPLACE OF FATHER (State or couuty): Germany

MAIDEN NAME OF MOTHER: Mary Kaspelis

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Staiger

(Address) 808 W Pratt St

Filed 11/30 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 28 1908

that I last saw h W alive on Nov 27 1908

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Carcinoma

Uterus (DURATION) ..... DAYS

(Signed) A E Wilkinson M. D.

Address St Josephs Hospital

Date Nov 28 - 08 1908

Place of Burial Holy Redeemer

Date Dec 1 " 1908

Undertaker W S Smith

Address 2113 W Pratt St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C17507 Registered No. B C17507

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 624 W. Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Conrad

{Residence, if in Baltimore, Give Street and Number.} 624 W. Lafayette Ave

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 11th 1857

AGE 51 years, 3 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Fred Conrad.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Christine Plat

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Dairyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minnie M. Conrad

(Address) 624 W. Lafayette Ave.

Filed 11/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1908

I HEREBY CERTIFY, That I attended deceased from Nov 26 1908 to Nov 29 1908 that I last saw her alive on Nov 29 1908 and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Stomatitis

(DURATION) 1 DAYS

Con'ributory (Primary) Pleuro Pneumonia (DURATION) 4 DAYS

(Signed) John Stucke M.D.

Address 647 W Lafayette Ave.

Date Nov 30 1908

Place of Burial Loudon Park.

Date Dec 1st 1908

Undertaker Venturn & Son

Address 1723 W Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C17508 Registered No. B C17508

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 121 W. 24th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Ee. Sweeny

{ Residence, if in Baltimore, Give Street and Number. } 121 W. 24th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 7 1835

AGE 73 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER David Lee

BIRTHPLACE OF FATHER (State or country) Penna.

MAIDEN NAME OF MOTHER Mary Grace

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm A Samuel

(Address) 121 W. 24th St.

Filed 11/30 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to Nov 26th 1908

that I last saw h[illegible] alive on Nov 26th 1908,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septaemia; Exfoliation

(DURATION) 3 DAYS

Contributory (Primary.) Cancer of the breast

(DURATION) 18 ~~DAYS~~ years

(Signed) Lucile Stewart M.D.

Address 122 W. 23rd St.

Date Nov 28th 1908

Place of Burial Loudon Park

Date Nov 30 1908

Undertaker W. J. Jackson & Son

Address Loudon Park

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C47509

City of Baltimore, (No. 1031 High Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Robert & Clara Edmonds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Nov 23rd (Month) (Day) 1908 (Year)

AGE: ——— years, ——— months, Seven days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: ~~Francis Edmonds~~ Robert Edwards

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Clara Brown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Edmonds

(Address) 1031 High Ave

Filed 11/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 29th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1908 to No other visit 190

that I last saw her alive on November 28 190 8,

and that death occurred, on the date stated above, at One A.M. The CAUSE OF DEATH was as follows:

Exanition

Several days (DURATION) DAYS

Contributory Exhaustion

(DURATION) 2 or 3 DAYS

(Signed) John F Manger M. D.

Nov 29 1908 (Address) 1002 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Olivet — DATE OF BURIAL: Nov 30 1908

UNDERTAKER: A J. Friedland — ADDRESS: 106 So Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C17510 Registered No. B C17510

CERTIFICATE OF DEATH.

93

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Santo Teriro

{ Residence, if in Baltimore, Give Street and Number. } 18 West York St.

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — 1882

AGE: 26 years, [redacted] months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: does not know

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Dait Kman

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicolo Brocato

(Address) 18 E. York st

Filed 11/30 1908 HARRY O. ARNOLD PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov 27 1908 to Nov 28 1908 that I last saw h[redacted]alive on Nov 28 1908, and that death occurred, on the date stated above, at 2-40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Peripheral circulatory insufficiency

others due to toxaemia

DURATION 4 hours

Contributory (Primary) Acute Lobar Pneumonia DURATION 5 DAYS

(Signed) Lawrence Roth M.D.

Address University Hospital

Date Nov 28th 1908

Place of Burial St Vincents Cem.

Date Nov. 30. 1908

Undertaker M. Dayle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C17511 Registered No. B C17511

CERTIFICATE OF DEATH.

(Place of Death.) No. 47 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa A. Smith

{Residence, if in Baltimore, Give Street and Number.} 47 S. Poppleton St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry C. Albright

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Stolle

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Hoffman

(Address) 47 S. Poppleton

Filed 11/30 1908 HENRY C. ARMS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Nov 29 1908 that I last saw her alive on Nov 28 1908 and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Int Nephritis

Uraemia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) M B Burch M.D.

Address 828 N Carrollton Ave

Date Nov. 29 1908

Place of Burial Loudon Park

Date Dec 1st 1908

Undertaker John F Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C17512 Registered No. B C17512

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Clement St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hans Peter Wm Sorensen,

{ Residence, if in Baltimore, Give Street and Number. } 1612 Clement St.

Duration of Residence in Baltimore. Six years.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Oct 20, 1882

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) St Thomas Danish W.I.

FULL NAME OF FATHER Neils Laeske Sorenson

BIRTHPLACE OF FATHER (State or country) Denmark

MAIDEN NAME OF MOTHER Ann Simmons

BIRTHPLACE OF MOTHER (State or country) Danish West Indies

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Esther Fischmann

(Address) 1612 Clement St.

Filed 11/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29 1908

I HEREBY CERTIFY, That I attended deceased from May 1908 to date. 1908

that I last saw him alive on Nov. 28 1908, and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

about One year (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Eugene Lee, M.D.

Address Sherwood Hotel

Date Nov. 29 1908

Place of Burial Loudon Park

Date Dec 2/1908 1908

Undertaker McCook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

Reported from Physician's Desk.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C17513

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1422 N. Gilmor St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Kunitz

Residence, Give Street and Number, 1422 N. Gilmor St Kunitz

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Fem.

COLOR: White

DATE OF BIRTH: 1

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice McClane

(Address) 1422 N Gilmor

Filed 11/30 1908

HARRY O. ARNOLD, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov 29th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Old age & Senile debility

Duration ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Silas Bond M. D.

Address 700 Lex. av. (Corner)

Date Nov. 29th 1908

Place of Burial Loudon Park

Date Dec 1 1908

Undertaker Mulcahy

Address 50 E. Madison

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17514

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 418. 21st St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Ridgely

Residence, Give Street and Number, 418 E 21st St

Duration of Residence in Baltimore, 40 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Howard Co. Md

FULL NAME OF FATHER: Jarrette Peddicord

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Caroline Rowles.

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ridgely

(Address) 418 E 21st Street

Filed 11/30 1908

HARRY O. ANDRAE, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 11/28/ 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to 11/28 1908

that I last saw her alive on 11/28 1908

and that death occurred, on the date stated above, at 10.40 P M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis Edema

(DURATION) DAYS

Contributory (Primary) Syncope

(DURATION) DAYS

(Signed) W. S. Gorsuch M. D.

Address 501 E 22nd St

Date 11/29/ 1908

Place of Burial Baltimore

Date Dec 1. 1908 190

Undertaker Wm Cook

Address 902 E Fairmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C17515 Registered No. B C17515

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 York Rd St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse H. Dorsey

{ Residence, if in Baltimore, Give Street and Number. } 1333 York Rd

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	May 23 - 1893
AGE	15 years, 6 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Lloyd. Dorsey
BIRTHPLACE OF FATHER (State or country)	Missouria
MAIDEN NAME OF MOTHER	Mary A. Banks
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Scholar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1333 York Rd.

Filed 11/30 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27. 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1908 to Nov 27 1908 that I last saw him alive on Nov 27 1908, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid - fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. G. Prentiss M.D.

Address 809. Gorsuch Ave

Date Nov 28 - 1908 190

Place of Burial Loudon Park

Date Nov 30/1908 190

Undertaker Wm Craft

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C17516

C17516

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 145 W. Montgomery St.

(If Death occurred in Hospital or Institution give Its Name instead of Street and Number)

Full Name Hillard Taylor

{ Residence, if in Baltimore, Give Street and Number. } 145 W. Montgomery St

Duration of Residence in Baltimore. 5 Mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH Don't Know 1

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Atlanta Ga

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Silas S Wise

(Address) 145 W Montgomery St

Filed 11 30 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1905

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 2 ... M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

Cardiac Failure (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) Otto M. Reinhardt M.D.

Address Coroner

Date November 27 1905

Place of Burial ...

Date NOV 2 1908 190

Undertaker ...

Address ...

City to bury

Body at the morgue

WM. J. C. DULANY CO., BALTIMORE.

FOR REGISTRATION PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

221

C17517

16

C17517

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

157

CERTIFICATE OF DEATH.

Registered No. B C17517

City of Baltimore, (No. 1127 Harlem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Lillie M. Wareheime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: Nov (Month) 26 (Day) 1908 (Year)

AGE: 18 hours (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Wm. H. Wareheime

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Lillie M. Bish.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/30 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 27 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 26 (a.m.) 1908 to Nov. 27 (a.m.) 1908

that I last saw her alive on Nov. 26 1908,

and that death occurred, on the date stated above, at 12.15 a. m. The CAUSE OF DEATH was as follows:

Prematurity

(DURATION) DAYS

Contributory Loss of blood

(DURATION) DAYS

(Signed) C. B. Nunez M. D.

Nov. 27 1908 (Address) 1034 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL NOV 29 1908

UNDERTAKER

ADDRESS

Commissioner of Health,

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

2332

Ward IX

C17518 Registered No. B C17518

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Sherwood

{Residence, if in Baltimore, Give Street and Number.} Eutaw Street

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: H. S.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/30 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Nov 26 1908 that I last saw h alive on Nov 26 1908, and that death occurred, on the date stated above, at 5.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Auto intoxication

Grand Asthenia

(DURATION) 4 wks DAYS

Contributory (Primary.) Typhoid fever

Since Sept 30 (DURATION) DAYS

(Signed) J W Bird M.D.

Address University Hospital

Date Nov 26 1908

Place of Burial

Date NOV 2 1908 190

Undertaker

Address

JOHNS HOPKINS HOSPITAL Outdoor Department Baltimore, Md. H. C. WOODALL, M.D.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C17519 Registered No. B C17519

81

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Street

{ Residence, if in Baltimore, Give Street and Number. } 933 Pages court

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/30 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Nov 25 1908

that I last saw h alive on Nov 20 1908,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

(DURATION) 3 DAYS

Contributory (Primary.) Femoral Artery

Sclerosis (DURATION) — DAYS

(Signed) J W Bird M.D.

Address University Hospital

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 28 1908 190

Undertaker

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2337

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C C17520

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 120

Full Name Mary Carlin

Residence, Give Street and Number, 2018 E Hoffman

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR W

DATE OF BIRTH March 31 1853

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Matthew Gibbons

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary A. Quinn

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Isabell Barranger

(Address) 2018 E Hoffman

Filed 11/30 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 28 1908

I HEREBY CERTIFY, That I attended deceased from Sept 3 1908 to Nov 27 1908 that I last saw h is alive on Nov 27 1908 and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic intestinal nephritis

— (DURATION) DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) H. E. Wilkinson M. D.

Address St Josephs Hospital

Date Nov 27-'08 190

Place of Burial St Peters Cemetery.

Date Dec 1st 1908

Undertaker C. A. Friedenfeld Jr.

Address 243 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE REVERSE SIDE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C C17521

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 Reese Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert C Maxfield

Residence, Give Street and Number, 105 Reese Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH 1846

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER John W Maxfield

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Mary Mumma

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward De Grave

(Address) 105 Reese St.

Filed 11/30 190 8

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 28 190 8

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 1010

a. M. CAUSE OF DEATH (Secondary or Immediate,)

Cr. Mitral Regurgitation

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Cumston M. D.

Address Cornhill

Date Nov 28 06 190

Place of Burial Balto Cemetery

Date Nov 31 190 8

Undertaker E G Wiedefeld Jr

Address 2113 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17522

City of Baltimore, (No. 825, N. Monroe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. E. Woodrow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February (Month) 14 (Day) 1840 (Year)

AGE: 68 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Jeremiah Woodrow

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Clarissa Everish

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E. Woodrow

(Address) 825 N. Monroe St.

Filed 11/30 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 29th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1908 to Nov. 29 1908

that I last saw him alive on Nov. 29 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Uremia - with Chronic Interstitial Nephritis

(DURATION) 2 DAYS

Contributory. Uremia

(DURATION) 2 DAYS

(Signed) Paul Edmunds M. D.

Nov 29 1908 (Address) 1513 Eden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cambridge Md | DATE OF BURIAL: NOV 30 1908

UNDERTAKER: Armstrong Denny Co. | ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C17523 Registered No. B C17523

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1321 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan L. Rea

{Residence, if in Baltimore, Give Street and Number.} 1321 Mosher St

Duration of Residence in Baltimore. 3 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 8 1832

AGE: 76 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Stephen Rawleigh

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Elizabeth Colston

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John S Harrison

(Address) 107 William St

Filed 11/30 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1908

I HEREBY CERTIFY, That I attended deceased from Nov 12 1908 to Nov 30 1908 that I last saw h.r alive on Nov 29 1908 and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Con'ributory (Primary.) old Age

(DURATION) 18 DAYS

(Signed) John F. Hack M.D.

Address 647 W Lafayette Ave

Date Nov 30 1908

Place of Burial Cambridge Md

Date Dec 1 1908

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

80

CERTIFICATE OF DEATH. C17524

Registered No. B.....

City of Baltimore, (No. 1121, N Dallas St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Scherer

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	colord.

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 43 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. J. Scherer

(Address) 1121 Dallas St

Filed 11/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17 1908 to Nov 27 1908 that I last saw h alive on Nov 25 1908, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) ..... DAYS

Contributory A Intoxicate

(DURATION) 2 yrs DAYS

(Signed) Wm H White M. D.

Nov 28 1908 (Address) 110 N Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL. OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov 30 1908
UNDERTAKER	ADDRESS
Chas G Bailey	432 Jefferson Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C17525 Registered No. B C17525

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1619 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Gross.

{ Residence, if in Baltimore, Give Street and Number. } 1619 Division St.

Duration of Residence in Baltimore. About 49 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem'l | COLOR Colored

DATE OF BIRTH 1

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Richard Thomas

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Dotson

BIRTHPLACE OF MOTHER (State or country) Ill's

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Taylor

(Address) 1619 Division St

Filed 11/30 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27th 1908

I HEREBY CERTIFY, That I attended deceased from June 27th 1908 to Nov. 27th 1908

that I last saw h[illegible] alive on Nov. 27th 1908,

and that death occurred, on the date stated above, at 10:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary.) Nephritis.

(DURATION) 1 DAYS

(Signed) W. F. Carr, M.D.

Address 515 Mosher St.

Date Nov. 28th 1908

Place of Burial Laurel Cemetery

Date Dec 1st 1908

Undertaker Alex H. Ansley

Address 578 N. Nicholas Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C17526 Registered No. B C17526

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 211 N. Durham St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Horace L. Moore

{Residence, if in Baltimore, Give Street and Number.} 211 N. Durham St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Thomas Moore

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Johnson

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Moore

(Address) 211 N Durham St

Filed 11/30 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 21st 1908 to Nov 27th 1908 that I last saw him alive on Nov 27 1908 and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate

Shock asthenia

Valvular disease of heart - Chronic Nephritis (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1220 E. Fayette St

Date 190

Place of Burial Laurel Cemetery

Date Nov 30 1908

Undertaker Alex H Emsley

Address 578 N Bickett St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. C 017527

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1233 Hare St St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Franciszka Piotrowiak

Residence, Give Street and Number, 1233 Hare St

Duration of Residence in Baltimore, 16 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): German Poland.

FULL NAME OF FATHER: Albert Dobat.

BIRTHPLACE OF FATHER (State or county): German Poland

MAIDEN NAME OF MOTHER: Katie Gruscanska.

BIRTHPLACE OF MOTHER (State or county): German Poland

OCCUPATION OF DECEASED: Lower Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Piotrowiak.

(Address) #1233 S. Hare St

Filed 11/30 1908

HARRY O. [illegible], Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 29 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1908 to Nov 29 1908

that I last saw her alive on " 28 1908

and that death occurred, on the date stated above, at 5.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

1 wk (DURATION) DAYS

Contributory (Primary) Coma

(DURATION) DAYS

(Signed) Chas A Mayer M. D.

Address 619 Park Ave

Date Nov. 29 1908

Place of Burial St. Stanislaus.

Date Tuesday Dec 1st 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

Remarks

Ward 11K

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17528

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 19

(Place of Death.) No. Md General Hospital St.

Full Name John. Sewell

Residence, Give Street and Number, Bel Air Md

Duration of Residence in Baltimore, 1 mo.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black,

DATE OF BIRTH: 1844

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower.

BIRTHPLACE (State or county) Arkansas

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md. General Hospital

(Address) Madison & Linden Aves

Filed Nov 30 1908 HARRY C. ANDREWS, PUBLIC CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 27 1908

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Nov 27 1908

that I last saw h.. alive on Nov 27 1908

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Acute dilatation of heart

(DURATION) — DAYS

Contributory (Primary) Mitral regurgitation

(DURATION) DAYS

(Signed) S. H. Streett M. D.

Address Md. Gen'l Hosp.

Date Nov 30 1908

Place of Burial National Cemetery

Date December - 1st 1908

Undertaker Wm H Gawthrop

Address Madison & Linden Aves

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17529

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C17529

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2175 Calverton ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella V Machen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: aug 6th 1853 (Month) (Day) (Year)

AGE: 54 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: James H. Kellenberger

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Mary Kohler

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reuben K Kellenberger

(Address) 2175 Calverton ave

Filed Nov 30 1908

HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1908 to Nov 29 1908 that I last saw her alive on Nov 28 1908, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

..... (DURATION) ..... DAYS

Contributory Carcinomatosis Hemorrhage

..... (DURATION) ..... DAYS

(Signed) J. B. Joyce M. D.

Nov 30 1908 (Address) 1800 W. Mulberry

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: Dec 1st 1908

UNDERTAKER: George Bruns — ADDRESS: 574 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 2

Registered No. C 17530

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

(Place of Death.) No. 116 W Fremietta St.

Full Name Clarence Devetier

Residence, Give Street and Number, 116 W Fremetta

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto md

FULL NAME OF FATHER: Joseph Devetier

BIRTHPLACE OF FATHER (State or county): Balti md

MAIDEN NAME OF MOTHER: addie Waters

BIRTHPLACE OF MOTHER (State or county): Balti md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.,

(Informant) Joseph Devetier

(Address) 116 W Fremetta St

Filed 11/30 1908 HARRY O. ANDREWS, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 28 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Nov 28 1908

that I last saw h ~~im~~ alive on Nov 28 1908

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

(DURATION) 4 mo. ~~DAYS~~

Contributory (Primary) Phthisis Pul.

(DURATION) DAYS

(Signed) H.S.M Bard M. D.

Address 2005 Druid Hill Ave

Date Nov 30 1908

Place of Burial Mt Auburn Ct.

Date Dec 1st 1908

Undertaker L. L. Brown and Son

Address 1015 Montgomery St.

Remarks

BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

(DURATION) 4 mo.

Contributory (Primary) Phthisis Pul.

(DURATION) DAYS

Ward 4 C17531 Registered No: B C17531

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Agnes Jones

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Nov. 1 1908

AGE: ..... years, ... months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Muldrad

(Address) Lalyabeths Home

Filed 11/30 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1908 to Nov. 28 1908 that I last saw h[illegible] alive on Nov. 28 1908, and that death occurred, on the date stated above, at 10 0 M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Caroline St.

Date Nov. 30 1908

Place of Burial Cathedral Cemetery

Date Nov 30th 1908

Undertaker Isaac B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C17532 Registered No. B C17532

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1369 N. Calhoun St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John H. Hayes

{ Residence, if in Baltimore, Give Street and Number. } 1369 N. Calhoun St

Duration of Residence in Baltimore. 89 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1838

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): G. A. Co. Md

FULL NAME OF FATHER: Chas Hays

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Hays

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances A. Hays

(Address) 1369 N. Calhoun

Filed 11/30 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29, 1908

I HEREBY CERTIFY, That I attended deceased from Sept 11 1908 to Nov 29 1908 that I last saw h~~is~~ alive on Nov 29 1908, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Nephritis and Hemiplegia of Left side.

2 mos (DURATION) 8 DAYS

Contributory (Primary.) Failure of Heart (DURATION) 3 DAYS

(Signed) Harry F. Brown M.D.

Address 1360 N. Stricker St.

Date Nov 30, 1908

Place of Burial Mt Auburn Cem

Date Dec 2nd 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C17533 Registered No. B C17533

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 Ridgely St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes B Nagaka

{ Residence, if in Baltimore, Give Street and Number. } 1110 Ridgely St

Duration of Residence in Baltimore. Life Nagaka

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Ross

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary T. Ross

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed Nov 30 1908 MARY C. ANDREWS, CITY REGISTER. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28th 190

I HEREBY CERTIFY, That I attended deceased from Nov 16 190 to Nov 28 190

that I last saw h alive on Nov 27 190

and that death occurred, on the date stated above, at a.m. CAUSE OF DEATH (Secondary or Immediate)

Old Age (DURATION) 12 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Edward Krumpe M.D.

Address 617 Lemmon

Date Nov 30 190

Place of Burial Loudon Park

Date Dec 1st 1908

Undertaker John J Fields

Address 1200 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THIS

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C CE7534

CERTIFICATE OF DEATH.

(Place of Death.) No. 1325 E Eager St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.) 27

Full Name Joseph G. Dressell

Residence, Give Street and Number, 1325 E Eager St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH

AGE ~~Yrs~~ 41 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) City

FULL NAME OF FATHER John Dressel

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nellie A. Dressel

(Address) 1325 E Eager St.

Filed 11/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 28th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Nov 28th 1908

that I last saw h alive on Nov 28th 1908

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Jefferson Buck M. D.

Address 2544 St. Paul St.

Date Nov 30th 1908

Place of Burial Holy Redeemer Cemetery

Date Dec. 1 1908

Undertaker Henry Hoeck Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17535

Ward 10

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1025 N. Central Ave. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman B. Hartman

Residence, Give Street and Number, 1025 N. Central ave

Duration of Residence in Baltimore, 67 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 6 1835

AGE: 73 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Gerard Hartman

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Annie M. Schumacher

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mamie J. Hartman

(Address) 1025 N Central Ave.

Filed 11/30 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 29 — 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1908 to Nov 29 1908

that I last saw him alive on Nov. 28 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Senility: Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Marasmus

(DURATION) 30 DAYS

(Signed) Pierce G. Dausch M. D.

Address 121 Jackson Square

Date Nov. 30. 1908

Place of Burial Holy Redeemer Cemetery

Date Dec 2nd. 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. B C17536

CERTIFICATE OF DEATH.

(Place of Death.) No. 1912 Aisquith St., Balto., Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Carr.

{Residence, if in Baltimore, Give Street and Number.} 1912 Aisquith St.

Duration of Residence in Baltimore. 5 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: —

AGE: 30 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: Noah Hales.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife & Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Blair.

(Address) 1912 Aisquith St.

Filed Nov 30. 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 30 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1908 to Nov. 30, 1908 that I last saw her alive on Nov 29, 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

(DURATION) ... DAYS

Contributory (Primary.) Heart failure.

(DURATION) ... DAYS

(Signed) Hugh Forsythe M.D.

Address 4246 E. North Ave.

Date Nov. 30, 1908.

Place of Burial Gordinsville Orange Co Va

Date Dec 1 st 1908

Undertaker R. J. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C17537 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name E M Heney M.D.

{Residence, if in Baltimore, Give Street and Number.} N. Monut St

Duration of Residence in Baltimore. 7 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 25 1867

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): W Va

FULL NAME OF FATHER: Edgar Heney

BIRTHPLACE OF FATHER (State or country): W Va

MAIDEN NAME OF MOTHER: Rachael Brand -

BIRTHPLACE OF MOTHER (State or country): W Va

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr F. E. Heney

(Address) Morgantown W Va

Filed Dec 1 1908 HARRY G. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1908

I HEREBY CERTIFY, That I attended deceased from Oct 12 1908 to Dec 1 1908 that I last saw him alive on Nov 30 1908, and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope due to Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cancer of Liver & Cancer probably (DURATION) DAYS

(Signed) Henry C Landes M.D.

Address 742 W North Ave

Date Dec 1st 1908

Place of Burial Morgantown - Monongalia Co W Va

Date Dec 1st 1908

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE BACK.

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 17538

CERTIFICATE OF DEATH.

42

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise Keller

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: .....1.....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address) BAY VIEW ASYLUM.

Filed 12/1 1908

HARRY C. ANDREAE, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 30 1908

I HEREBY CERTIFY, That I attended deceased from April 20 1908 to Nov. 30 1908

that I last saw her alive on Nov. 30 1908

and that death occurred, on the date stated above, at 7 15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

E K Lauterman

.....(DURATION).....DAYS

Contributory (Primary) Carcinoma of the Uterus (DURATION).....DAYS

(Signed) E K Lauterman M. D.

Address Bay View Hospital

Date Nov 30 1908

Place of Burial Baltimore Cemetery

Date December 1st 1908

Undertaker Sturdevant Mowen Co

Address 215 Park Av.

Remarks.....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. B 017539

017539

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 2652 Fonden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Letitia Elizabeth Copeland.

{ Residence, if in Baltimore, Give Street and Number. } 2652 Fonden ave.

Duration of Residence in Baltimore. 42 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 3 1840

AGE: 68 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: Henry Weddell.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip L. Copeland.

(Address) 2652 Fonden ave.

Filed 12/1 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 28 1908

I HEREBY CERTIFY, That I attended deceased from December 19 1906 to November 28 1908 that I last saw her alive on Nov. 28 1908, and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 2 y DAYS

Contributory (Primary) Asthenia

(DURATION) 30 DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick Ave

Date Nov. 28 1908

Place of Burial Mount Olivet Cemetery

Date Dec 12 1908

Undertaker C. F. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN C17540

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C 17540 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 W. Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann B Noonan

Residence, Give Street and Number, 515 W Lafayette Ave

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR white

DATE OF BIRTH 1832

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Andrew

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Connell

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cornelius Norman

(Address) 515 Lafayette Ave

Filed 12/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 30 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11 1908 to Nov 29 1908

that I last saw her alive on Nov 29 1908

and that death occurred, on the date stated above, at 8 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Paralysis

"

(DURATION) 20 DAYS

Contributory (Primary) General debility

(DURATION) 10 DAYS

(Signed) B B Browne M. D.

Address 510 Park Ave

Date December 1 1908

Place of Burial New Cathedral

Date Dec 2 1908

Undertaker H Fahey Funeral Home

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C17541

City of Baltimore, (No. 36 S. Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara A. E. Skinner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 11 (Day) 1840 (Year)

AGE: 68 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Benjamin R. Roberts

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jane Goddard

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Skinner

(Address) 36 S. Bond St.

Filed 12/1 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 29 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17 1908 to Nov 28 1908 that I last saw her alive on Nov 28 1908, and that death occurred, on the date stated above, at 6.5 a. m. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

1 & Months (DURATION) DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) Joseph Stark M. D.

Nov 29 1908 (Address) 1901 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Wicomico Co Rockawalking Md.

DATE OF BURIAL: Dec. 1 1908

UNDERTAKER: Wm C. Black

ADDRESS: 203 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. C17542

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C 17542

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1802 Appleton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Rhode

Residence, Give Street and Number, 1802 Appleton St.

Duration of Residence in Baltimore, 20 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 88 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Ohio

FULL NAME OF FATHER: Daniel Lewis

BIRTHPLACE OF FATHER (State or couuty): Ohio

MAIDEN NAME OF MOTHER: Sarah Cooper

BIRTHPLACE OF MOTHER (State or county): Ohio

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katharine Bisbee

(Address) 802 Appleton St

Filed 12/1 190 8

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 29 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Age + General Debility

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Silas Bal Mus M. D.

Address 700 N. Laf Ave (Coroner)

Date Nov. 30 1908.

Place of Burial Lorraine Cemt

Date Dec 2 1908

Undertaker Josiah Silver

Address 1000 North Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same [illegible] sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17543

93

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17543

City of Baltimore, (No. 506 Jasper St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leon Gibson

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: Aug (Month) 25 (Day) 1905 (Year)

AGE: ..... years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frank Gibson

BIRTHPLACE OF FATHER (State or country): Harford County

MAIDEN NAME OF MOTHER: Laura Poulton.

BIRTHPLACE OF MOTHER (State or country): Harford Co.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Laura Gibson

(Address) 506 Jasper St

Filed 12/1 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Nov 30 1908

that I last saw him alive on Nov 28 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory Rickets

(DURATION) Life DAYS

(Signed) G. F. Burkhart M. D.

Nov 30 1908 (Address) 222 E Cross St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Dec 1 1908

UNDERTAKER: R A Ellicott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. C 17544

114

CERTIFICATE OF DEATH.

(Place of Death.) No. 1903 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian P. Betz

Residence, Give Street and Number, 1903 Bank St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Jan. 4th 1869

AGE 38 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Henry Yeager

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Dora Schlafer

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Betz

(Address) 1903 Bank St

Filed 12/1 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 28th 1908

I HEREBY ~~CERTIFY~~. That I attended deceased from Nov'br 20th 1908 to Nov'br 28th 1908

that I last saw her alive on Nov'br 27th 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Catarrhal Jaundice

about (DURATION) 10 DAYS

Contributory (Primary) Several months

Anaemia (DURATION) DAYS

(Signed) R. T. Hardy M. D.

Address 1902 Bank St

Date November 28th 1908.

Place of Burial St Matthias Cemetery

Date Dec 1st 1908

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

Remarks Removed to 407 S. Durham St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

20 C17545 C1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17545

City of Baltimore, (No. 930 S. Sharp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

*[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Anna Gosnell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug 31st 1905 (Month) (Day) (Year)
AGE	3 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm L. Gosnell
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Margaret M. Schimf
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L. Gosnell

(Address) 930 S. Sharp St.

Filed 12/1 1908 SAMT. C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 30 1908 to Nov. 30 1908 that I last saw her alive on Nov. 30 1908, and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Membranous Croup.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G. Lebrote Ewald M. D.

Dec 1 1908 (Address) 905 N. Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL Dec 1 1908

UNDERTAKER Geo. Weber ADDRESS 1155 N. Carey

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C17546 Registered No. B C17546

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 Gitting St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Joseph Gehringer

{Residence, if in Baltimore, Give Street and Number.} 121 Gitting St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 6th 1863

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER John Gehring

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Babara Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Mill worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Gehring

(Address) 121 Gitting St

Filed 12/1 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30th 1908

I HEREBY CERTIFY, That I attended deceased from September 30th 1908 to Nov 30th 1908 that I last saw him alive on Nov 29th 1908, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

1 year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Nov 30th 1908

Place of Burial Holy Cross C.A. Co

Date Dec 2nd 1908

Undertaker Jos. Stansbury Jr

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17547 Registered No. B C175

Ward 18

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 45 S. Arlington Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Kiely

{ Residence, if in Baltimore, Give Street and Number. } 45 S. Arlington Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ? 1

AGE 66 years ~ months ~ days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Kiely

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Johanna Morgan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Kate E. Gorman

(Address) 45 S. Arlington Ave

Filed 12/1 1908 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1908 to Nov 30 1908 that I last saw h~~e~~r alive on Nov 30 1908, and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate)

Infirmities of old age.

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) J. E. Gorman M.D.

Address 1302 W Lombard St.

Date Nov. 30 1908

Place of Burial St. Patricks

Date Dec 3 1908

Undertaker Jos. B. Cook

Address 103 Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C17548 Registered No. B C17548

66

CERTIFICATE OF DEATH.

(Place of Death.) No 1106 W Balto St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Julius C Holle

{Residence, if in Baltimore, Give Street and Number.} 1106 W Balto St

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 11 1824

AGE: 84 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Prussia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Nachemeister

(Address) 1106 W Balto St.

Filed 12/1 1908 HARRY O. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1908

I HEREBY CERTIFY, That I attended deceased from 11/27 1908 to 11/29 1908 that I last saw h in alive on 11/28 1908, and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis — (DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. Gross M.D.

Address 2112 N. Charles

Date 11/30 1908

Place of Burial London Park

Date Dec 1 1908

Undertaker Jos W Cook

Address 1003 W Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

154

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17549

City of Baltimore, (No. 218 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Bolling Murray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 10 (Month) (Day) 1823 (Year)

AGE: 85 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm Murray

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rebecca Skelton

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis M Rawlings

(Address) 2202 N Charles St

Filed 12/1 190 8

HARRY O. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 30 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Nov 30 1908 that I last saw h[er] alive on Nov 30 1908, and that death occurred, on the date stated above, at 10 30 A. M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

Contributory Senile Decay

(DURATION) 75 DAYS

(Signed) Edward H. London M. D.

12/1 1908 (Address) 2112 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Dec 2 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C17550

121

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Craven

Residence, Give Street and Number, 718 Gold St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or county): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Supt. BAY VIEW ASYLUM.

(Address)

Filed 12/1 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 29, 1908.

I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1908 to Nov. 29, 1908 that I last saw her alive on Nov. 29 1908. and that death occurred, on the date stated above, at 10 15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pyonephrosis

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Nov. 30, 1908.

Place of Burial Mt. Auburn Cem.

Date DEC 2 1908

Undertaker Sam'l H. O'Neal Son

Address 1405 Druid Hill Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C17551 Registered No. B C17551

113

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution: give its Name instead of Street and Number.)

Full Name George Gross

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. ..... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Gross.

(Address) 514 Monroe st.

Filed 12/1 1908 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Nov 29 1908 that I last saw him alive on Nov 28 1908, and that death occurred, on the date stated above, at 1.20 A.M. CAUSE OF DEATH (Secondary or Immediate

Cholelithiasis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date November - 29 1908.

Place of Burial Laurel

Date Dec 2. 1908

Undertaker Alfred J. Freeland

Address 114 N. Schroder st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C17552 C17552

Ward 10 Registered No. B

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1629 Orleans St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Herman Schreiber

{Residence, if in Baltimore, Give Street and Number.} 1903 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 29th 1908

AGE ....years, 4 months, ...days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Schreiber

BIRTHPLACE OF FATHER (State or country) U.S.

MAIDEN NAME OF MOTHER Agnes E Emory

BIRTHPLACE OF MOTHER (State or country) U.S.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schreiber

(Address) 1903 Jefferson St

Filed 12/11 1908 HARRY G. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 21st 1908 to Nov 29th 1908 that I last saw h~~im~~ alive on Nov 29 1908, and that death occurred, on the date stated above, at 7½ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

(DURATION) 1 DAYS

Contributory (Primary.) Shock

(DURATION) 1 DAYS

(Signed) Elijah L. Powell M.D.

Address 423 N Broadway

Date Nov 29th 1908

Place of Burial Oak Lawn Cem

Date 12/1/08 190

Undertaker J Henry Son

Address 1008 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 5

Registered No. C 017553

CERTIFICATE OF DEATH.

(Place of Death.) No. 424. East St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard A. McKeown

Residence, Give Street and Number, 424. East St.

Duration of Residence in Baltimore, Ireland 30 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White.

DATE OF BIRTH: July 26 1877

AGE: 31. years, 4 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Ireland.

FULL NAME OF FATHER: Patrick McKeown

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Jane Dugan

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick McKeown

(Address) 424 East St

Filed 12/1 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Nov 29 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1908 to Nov. 29 1908

that I last saw him alive on Nov 29 1908

and that death occurred, on the date stated above, at 11 05 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Cystitis

(DURATION) 90 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Benj. N. Humphreys M. D.

Address 1216 N. Caroline St

Date Nov. 30 1908

Place of Burial St. Vincents.

Date Dec 2 1908 190

Undertaker Lowbrook

Address 5026 E. Northern

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C C17554

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1822 E Pratt St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher F. Snow

Residence, Give Street and Number, 1822 E Pratt St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Dec 25 1840

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Snow

(Address) 1822 E Pratt St

Filed 12/1 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 29 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Nov 29 1908

that I last saw him alive on Nov 29 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis

(DURATION) DAYS

Contributory (Primary) Coma

(DURATION) DAYS

(Signed) Alex L Bagby M. D.

Address 709 N Broadway

Date 11/29/08 190

Place of Burial Baltimore Cem

Date ~~Nov~~ Dec 2nd 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17555 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 Registered No. C C17555 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 807. Covington St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Adam Uzuber

Residence, Give Street and Number, 807 Covington St

Duration of Residence in Baltimore, 4 months.

PERSONAL AND STATISTICAL PARTICULARS.

SEX male

COLOR white

DATE OF BIRTH November 10th 1868

AGE 40 years, months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER John Uzuber.

BIRTHPLACE OF FATHER (State or county) Bavaria, Germany

MAIDEN NAME OF MOTHER Augusta W Scharffer

BIRTHPLACE OF MOTHER (State or county) Bavaria Germany

OCCUPATION OF DECEASED Cake Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Cook

(Address) 502 E North ave

Filed 12/1 1908 HARRY C. ARNOLD, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH November 30th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1908 to Nov 30 1908

that I last saw him alive on Nov 30 1908

and that death occurred, on the date stated above, at 9:15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Myocarditis

(DURATION) 7 DAYS ?

Contributory (Primary) Pneumonia

(DURATION) 11 DAYS

(Signed) G. F. Buxton M. D.

Address 222 E. Eager St

Date November 30th, 1908

Place of Burial Holy Redeemer

Date Dec 2/908 1908

Undertaker Wm Cook

Address 502 E. North ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17556 Registered No. B C17556

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 919 N Bunney St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry L Berends

{ Residence, if in Baltimore, Give Street and Number. } 919 N Bunney St

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 28th 1839
AGE	69 years, 7 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Fred. Berends

(Address 919 Bunney St.

Filed 12/1 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28' 1908

I HEREBY CERTIFY, That I attended deceased from Oct 18' 1908 to Nov 28' 1908 that I last saw him alive on Nov 28' 1908, and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis and Pulmonary Hemorrhage

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 2007 Eastern ave

Date Dec 1' 1908

Place of Burial St Pauls Cemetery

Date Dec 1st 1908

Undertaker H. Saunderdons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C17557 Registered No. B C17557

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 117 N. Schroeder St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John Jung

{ Residence, if in Baltimore, Give Street and Number. } 117 N. Schroeder

Duration of Residence in Baltimore. 43 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH Dec 20 1864

AGE 43 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas Jung

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Kinderwater

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Hardwood finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophie Jung

(Address) 117 N. Schroeder St

Filed 12/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1908

I HEREBY CERTIFY, That I attended deceased from Jan 20 1908 to Nov 29 1908 that I last saw h[illegible] alive on Nov 29 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or immediate

Pulmonary Tuberculosis

Pleurisy - Carcinoma

Dilatation

5 mos (DURATION) DA

Contributory (Primary.) Asthenia

1 mo (DURATION) DA

(Signed) F L Norwood M.D

Address 934 W Fayette St

Date Nov 30 1908

Place of Burial London Park Cemy.

Date Dec 2 1908

Undertaker Geo J. Smith Co

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 12 — C17558 — Registered No. B C17558

CERTIFICATE OF DEATH.

11-9

(Place of Death.) No. 2425 Belmont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Smith

{Residence, if in Baltimore, Give Street and Number.} 2425 Belmont Ave

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 55 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Burl Banks

(Address) 2425 Belmont Ave

Filed 12/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1908

I HEREBY CERTIFY, That I attended deceased from July 21 1908 to Nov 28 1908

that I last saw h— alive on Nov 28 1908

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P Garland Schmidt M.D.

Address 424 - East 23 St

Date Nov 28 1908.

Place of Burial Laurel

Date Dec 1 1908

Undertaker R L Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2p

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B 17559

City of Baltimore, (No. 1947, Bath St., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: Sept 5th 1860 (Month) (Day) (Year)

AGE: 48 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susan Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Brown

(Address) 1947 Bath St

Filed Dec 1 1908

HARRY C. ARDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 29th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1908 to Nov 29th 1908 that I last saw h[er] alive on Nov 29th 1908, and that death occurred, on the date stated above, at 6 M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 3 DAYS

Contributory La Grippe

(DURATION) 30 DAYS

Signed Albert R. Merriman M.D.

Dec 1st 1908 (Address) 135 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery | DATE OF BURIAL: Dec 2 1908

UNDERTAKER: R A Gilbert | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C17560 *Registered No. B* C17560

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 837 N Front st. *St.* (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Harriet Robinson

{Residence, if in Baltimore, Give Street and Number.} 837 N. Front st

Duration of Residence in Baltimore. Life Long

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Lucky

(Address) 837 N Front-St

Filed 12/1 1908

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/29th 1908 Instant

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 6.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cancer Stomach

Exhaustion

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Wesley Turner M.D.

Address 1637 Bruning

Date 11/30 1908

Place of Burial Laurel

Date Dec 2 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C17561 Registered No. B C17561

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 E. Lanvale St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James A. Dudley

{Residence, if in Baltimore, Give Street and Number.} 1002 E. Lanvale St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 5, 1870

AGE 38 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chris Dudley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Collins

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Dec 1 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1908 to Nov. 29 1908 that I last saw him alive on Nov. 29 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pulmonic Tuberculosis

(DURATION) 25 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carrollton St

Date Nov. 30, 1908

Place of Burial Holy Cross

Date Dec 2 1908

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **full name, sex, age, condition** (whether married or single) of the person notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7p C17562 Registered No. B C17562

19

CERTIFICATE OF DEATH.

Place of Death.) No. 211 S Bentalou St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretta Walter

{ Residence, if in Baltimore, Give Street and Number. } 211 Bentalou Street

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH January 30th 1836

AGE 72 years, 10 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Edward F. Koopmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaretta Koopmann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Walter

(Address) 211 South Bentalou

Filed 12/1 1908 HARRY O. ARLOWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 29th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 26th 1908 to Nov. 29th 1908 that I last saw her alive on Nov. 29th 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

1 Bronchitis

(DURATION) 4 DAYS

Contributory (Primary.) Disease of Heart

(DURATION) 104 DAYS

(Signed) John S. Holliday M.D.

Address 714 Frederick ave

Date November 30th 1908

Place of Burial Loudon Park Cemetery

Date Wednesday Dec 2nd 1908

Undertaker F B Wagner

Address 1 Frederick Av East

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. C C17563

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Eugenie H. Hertwig

Residence, Give Street and Number, 500 S. Smallwood st

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Ger.

FULL NAME OF FATHER John A Wekesser

BIRTHPLACE OF FATHER (State or county) Balto md

MAIDEN NAME OF MOTHER Susie Schlearf

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW ASYLUM.

Filed 12/1 1908 HARRY C. ARDRAWS, PERMIT CLERK & Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 30, 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1908 to Nov. 30, 1908 that I last saw her alive on Nov. 30 1908 and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

(DURATION) DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) H. H. Eaton M. D.

Address Bay View Hospital

Date Dec. 1 1908

Place of Burial ~~Druid Hill Park~~ Wetherup

Date Dec. 3 = 1908

Undertaker Mrs Geo P. Paulus

Address 2001 Frederick ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 17564

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Salem Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Borkowski

Residence, Give Street and Number, 2018 Allendale St

Duration of Residence in Baltimore, 25 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W.

DATE OF BIRTH Sept 15 1854

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Joseph Borkowski

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Barbara Kaminski

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felina Smochowska

(Address) 2018 Allendale

Filed 12/1 1908 HARRY O. ANDREWS, PUBLIC CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 30 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h ... alive on ... 190

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate,)

Fracture of Skull

Accidental

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Fred'k Carrollton M. D.

Address ...

Date Nov 30 1908

Place of Burial St. Mary's Chapel Rd

Date Dec 2 1908

Undertaker Joseph Borkowski

Address 1763 Aliceanna St

Remarks Due to accidental fall down stairs

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 9 C17565 Registered No. B C17565

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 Gorsuch Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Carroll

{Residence, if in Baltimore, Give Street and Number.} 223 Gorsuch Ave

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	80 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Carroll
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Bridget Flynn
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret McLaughlin

(Address) 223 Gorsuch Ave

Filed 12/1 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Dec 1 1908 that I last saw her alive on Nov 22 1908, and that death occurred, on the date stated above, at 10:20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis.

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Dec 1- 1908

Place of Burial New Cathedral Cemetery

Date Dec 3rd 1908

Undertaker Henry Hooke & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C 17566

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 131 Arch St St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Campbell

Residence, Give Street and Number, 131 Arch St

Duration of Residence in Baltimore, 25 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): St Marys Co Md

FULL NAME OF FATHER: Jno Campbell

BIRTHPLACE OF FATHER (State or couuty): St Marys Covid

MAIDEN NAME OF MOTHER: Maria Gross

BIRTHPLACE OF MOTHER (State or couuty): St Marys Covid.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Florence Campbell

(Address) 131 Arch st

Filed 12/1 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH ~~Nov~~ Dec 1- 1908

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Dec 1st 1908 that I last saw him alive on Nov 29 1908 and that death occurred, on the date stated above, at 3-40 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

Oct 30- & Dec 1st 1908 (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) W R Jones M. D.

Address 207 N Liberty St.

Date 12-1- 1908

Place of Burial St Peters Cemetery

Date December 3rd 1908

Undertaker Fitzpatrick

Address 102 E Mulberry st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C17567 Registered No. B C17567

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 657 W Lee St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis V. Zoeller

{Residence, if in Baltimore, Give Street and Number.} 657 W. Lee St

Duration of Residence in Baltimore. 67 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 14 1833

AGE 75 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob Zoeller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Rick

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Zoeller

(Address) 657 W. Lee

Filed 12/1 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1908 to Nov 28 1908 that I last saw h[illegible] alive on Nov 28 1908, and that death occurred, on the date stated above, at 3

M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Lungs

(DURATION) 14 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) P. M. Lumpkin M.D.

Address 602 S. Paca St.

Date Dec 1 1908

Place of Burial New Cathedral

Date Dec 2 1908

Undertaker W. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C17568 Registered No. B

CERTIFICATE OF DEATH. C17568

(Place of Death.) No. Hebron Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cecelia Glover

{Residence, if in Baltimore, Give Street and Number.} 1418 N. Bethel

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Franz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Baugh

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Glover

(Address) 1418 N Bethel

Filed Dec 1 1908 HARRY G. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Nov 29 1908 that I last saw h[illegible] alive on Nov 29 1908 and that death occurred, on the date stated above, at 7.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Tumor of Brain

(DURATION) 2 DAYS

(Signed) Sebastian Baughman M.D.

Address Hebron Hospital

Date Nov. 29th 1908

Place of Burial Holy Redeemer

Date Dec 2 1908

Undertaker Robt J Witmer

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 C17569 Registered No. C C17569

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1010 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Molinsky

Residence, Give Street and Number, 1010 E. Pratt St

Duration of Residence in Baltimore, 3 weeks

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
male	white

DATE OF BIRTH: November 10 1908

AGE: — years, — months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Bennie Molinsky

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Udith Polaer

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Molinsky

(Address) 1012 E Pratt St

Filed 12/2 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 1st 1908

I HEREBY CERTIFY, That I attended deceased from November 29 1908 to November 29 1908 that I last saw him alive on November 29 1908 and that death occurred, on the date stated above, at 5 P.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) M. Hirschman M. D.

Address 900 E. Baltimore St

Date December 1st 1908

Place of Burial Hebrew Rockdale

Date Dec. 1 1908

Undertaker Max Lemmon

Address 1620 Mc Elderry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C17570 Registered No. B C17570

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405. E Fayette Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Weiner. Weiner

{Residence, if in Baltimore, Give Street and Number.} 1652 E Fayette Street.

Duration of Residence in Baltimore. 18 years

11

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH Russia. 1

AGE about. 50 years, - months, - days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER Sol: Krawitz.

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Minie Krawitz.

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED H.W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aspasto Whitelock

(Address) 1415 Eutaw Place

Filed 12/2 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec 1 1908 that I last saw her alive on Dec 1 1908, and that death occurred, on the date stated above, at 7 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

Cerebral Hemorrhage

4½ hours (DURATION) DAYS

Contributory (Primary.) Empyema (DURATION) DAYS

(Signed) Aspasto Whitelock M.D.

Address 1415 Eutaw Place

Date 1908

Place of Burial Hebrew Henning Park

Date Dec 3 1908

Undertaker Max Lingner

Address 1620 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17571

Ward 21 C17571

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 Warner St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo. J. Cooney.

Residence, Give Street and Number, 835 Warner St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH July 22 1908

AGE ____ years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Matthew J. Cooney.

BIRTHPLACE OF FATHER (State or county) Balto Md.

MAIDEN NAME OF MOTHER Annie Walsh

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Cooney (mother)

(Address) 835 Warner St

Filed 12/2 1908 HARRY C. ARMS. Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 1 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.
Coroner

Address

Date December 1 1908

Place of Burial St Peters Cem.

Date December 2 1908

Undertaker John J. Coveran

Address 1901 Hollins St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE ...

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 17572 151

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Marie Cummings~~ St. Vincents St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.) I.D.D.

Full Name Marie Cummings

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 12/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 29 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Nov. 29 1908

that I last saw h er alive on Nov. 29 1908 1.00

and that death occurred, on the date stated above, at 11.30 P M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) John C Manning M. D.

Address St Vincents Hospital

Date Nov. 30 1908

Place of Burial New Cathedral

Date Dec. 2 1908

Undertaker Martin Gahey & Sons

Address 606 Lafayette Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C17573 Registered No. C C17573

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 822 N Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Berner

Residence, Give Street and Number, 822 N Hopkins Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 80 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER William Berner

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Widow Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Engel

(Address) 822 N Hopkins Ave

Filed 12/2 1908

HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 30 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Nov 30 1908

that I last saw h[illegible] alive on Nov 30 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary) Senile debility

(DURATION) ... DAYS

(Signed) W. E. Lawyer M. D.

Address 2040 E Pratt St

Date Dec 1 1908

Place of Burial Mt. Carmel

Date Dec 2 1908

Undertaker Robt J Turner

Address 1412 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C17574 Registered No. C C17574

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1207 N Eden St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen B Nichols

Residence, Give Street and Number, 1207 N Eden St

Duration of Residence in Baltimore, 12 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR white

DATE OF BIRTH August 31 1873

AGE 35 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Pa

FULL NAME OF FATHER Clayton Nichols

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Katie Stier

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Nichols

(Address) 1207 N Eden St

Filed 12/2 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 1 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 190 to Dec 1 190 8

that I last saw her alive on Dec 1 190 8

and that death occurred, on the date stated above, at 12.15 PM. CAUSE OF DEATH (Secondary or Immediate,)

Aortic Stenosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

Progressive

(DURATION) DAYS

(Signed) [illegible] M. D.

Address 1795 N Edward

Date Dec 1 1908

Place of Burial Westminster Md

Date Dec 3 1908

Undertaker Robt T. Turner,

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17575 Registered No. B C17575

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 Myrtle av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hassenkamp

{Residence, if in Baltimore, Give Street and Number.} 1209 Myrtle av

Duration of Residence in Baltimore. always, except last year

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Dec 23 1875

AGE 32 years, 11 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Anton Hassenkamp

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Boecker

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hassenkamp

(Address) 1209 Myrtle av

Filed 12/2 1908

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 21 1908 to Nov. 30 1908 that I last saw him alive on Nov 29 1908, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

1 Tuberculosis of Larynx

1 year (DURATION) DAYS

Contributory (Primary)

Exanition (DURATION) 16 DAYS

and Asthenia

(Signed) Joseph E Gichner M.D.

Address 1516 Madison av.

Date Nov 30th 1908

Place of Burial Cathedral Cemetery

Date Dec 3 1908

Undertaker F A Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 Registered No. B C17576

C17576

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William L. Boyd

{Residence, if in Baltimore, Give Street and Number.} 1717 N. Calvert st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH Oct 27 1851

AGE 57 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Frederick, Md.

FULL NAME OF FATHER John J Boyd

BIRTHPLACE OF FATHER (State or country) Fredk City

MAIDEN NAME OF MOTHER Frances A Safford

BIRTHPLACE OF MOTHER (State or country) Fredk City

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Boyd

(Address) 11 N Carey St

Filed 12/2 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1908 to Dec 1, 1908

that I last saw him alive on Dec 1, 1908

and that death occurred, on the date stated above, at 11 25 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation,

(DURATION) DAYS

Contributory (Primary) Nephritis, Y

Cirhosis of Liver (DURATION) DAYS

(Signed) J Herbert Bates M.D.

Address Church Home & Infirmary

Date Dec. 1, 1908

Place of Burial Loraine Cemy

Date Dec 3rd 1908

Undertaker Edw. Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17577

16

50

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17577

City of Baltimore, (No. 1907, Ruxton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Theresa A Deutmann

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July (Month) 6th (Day) 1840 (Year)

AGE 68 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Finck

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Boehm

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Deutmann

(Address) 1907 Ruxton Ave

Filed 12/2 1908

HARRY C. ARDRAWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 30th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25th 1908 to Nov 30th 1908

that I last saw her alive on " " 1908,

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Diabetes

(DURATION) 1 year DAYS

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

Dec 1st 1908 (Address) 125 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec 3 1908

UNDERTAKER: Wm A Rohde & Son — ADDRESS: 730 Fa Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...scertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 †

Registered No. C C17578

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawson Griffee

Residence, Give Street and Number, Westminister Md.

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1858

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md-

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md-General Hospital

(Address) Madison St & Linden Ave

Filed 12/2 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 1, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 24 1908 to Dec 1 1908

that I last saw him alive on Dec 1 1908

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Septicemia,

(DURATION) DAYS

Contributory (Primary) Decubitus.

(DURATION) DAYS

(Signed) S. H. Streett M. D.

Address Md Genl Hosp.

Date Dec 1 1908

Place of Burial Westminister Md.

Date Dec- 2 nd 1908

Undertaker Wm H Gaulthrop

Address Main & Linden Aves

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C17579 Registered No. B C17579

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 1826 Lorman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Virginia Jones

{ Residence, if in Baltimore, Give Street and Number. } 1826 Lorman St.

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored.

DATE OF BIRTH 1873

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Howard Co. Md.

FULL NAME OF FATHER Perry Johnson

BIRTHPLACE OF FATHER (State or country) Howard Co. Md.

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse Jones

(Address) 1826 Lorman St.

Filed 12/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Nov 29 1908 that I last saw her alive on Nov 29 1908, and that death occurred, on the date stated above, at 12-20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

(DURATION) 2 yrs DAYS

Contributory (Primary.) Paralysis (DURATION) 1 DAYS

(Signed) T E Daughety M.D.

Address 1625 Penna av

Date Balto Nov 29 1908

Place of Burial Union Chapel.

Date Removals from Balto Dec 2 1908

Undertaker Wm J Johnson

Address 614 E Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17580

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17580

City of Baltimore, (No. 711, Cumberland St.; 15th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Stevens.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Stevens

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: (

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dailey

(Address) 711 Cumberland St

Filed 12/2 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 29 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 22 1908 to December 2 1908

that I last saw him alive on Nov. 29 1908

and that death occurred, on the date stated above, at 11.25 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory Cancerous ulcer of the stomach (DURATION) 4 years DAYS

(Signed) William J. Freeman M.D.

Nov 30 1908 (Address) 1701 N. Fulton Avenue

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Dec 3 1908
UNDERTAKER	ADDRESS
W. T. Walker Sons	Caroline & Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

Registered No. B C17581

C17581

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 1920 Harlem ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Sutherland

{ Residence, if in Baltimore, Give Street and Number. } 1920 Harlem ave

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby 28 1846

AGE 62 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER B. Southerland

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Collins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bur Southerland

(Address) 1920 Harlem ave

Filed 12/2 1908 HARRY C. ARDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 30 1908

I HEREBY CERTIFY, That I attended deceased from June 20 1908 to Nov - 30 1908 that I last saw her alive on Nov 29 1908, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Spinal Sclerosis -

6 mos — (DURATION) — DAYS

Contributory (Primary.) Heart dilated

unknown (DURATION) DAYS

(Signed) John D. Irving M.D.

Address 1425 Eutaw Pl

Date Dec - 1 1908

Place of Burial Bolto Cem

Date Dec 2 1908

Undertaker W. Tuckington Sons

Address Conduit Place

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C 117582

CERTIFICATE OF DEATH.

67

(Place of Death.) No. 1315 N. Monroe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Octavius Moulton

Residence, Give Street and Number, 1315 N. Monroe St.

Duration of Residence in Baltimore, 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 12/2 190 8 Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 30 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

General Paralysis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Laf. Ave (Corner)

Date Dec 1 190 8

Place of Burial Mt Auburn

Date Dec 2 190 8

Undertaker James H Dennis

Address 1332 Presstman St

Remarks

ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 617583 Registered No. C 17583

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise M. Wright

Residence, Give Street and Number, ...

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 44 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): U. S.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) BAY VIEW ASYLUM

Filed 12/2 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 30, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1908 to Nov. 30 1908.

that I last saw her alive on Nov. 30 1908.

and that death occurred, on the date stated above, at 10.00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Apoplexy.

..... (DURATION) ..... DAYS

(Signed) W. R. Eakin M. D.

Address Bay View Hospital

Date Dec. 1, 1908.

Place of Burial Sacred Heart

Date December 2" 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C17584 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 Registered No. C C17584

146

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 Warner. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hariotta Brown.

Residence, Give Street and Number, 514 Warner St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored.

DATE OF BIRTH July 17 1908

AGE ..... years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Harry Brown.

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Maggie Parker

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Brown

(Address) 514 Warner Street.

Filed 12/2 1908 HARRY C. ARNOLD, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 1 1908

I HEREBY CERTIFY, That I attended deceased from Nov 29 1908 to Dec 1st 1908 that I last saw h... alive on Nov 29 1908 and that death occurred, on the date stated above, at 1050 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis about 90 (DURATION) DAYS

Contributory (Primary) Pneumonia (DURATION) 2 DAYS

(Signed) C. K. Swartzel M. D.

Address 804 Stricker St

Date Dec 2 1908

Place of Burial Laurel Cemetery

Date December 3 1908

Undertaker John H. Toadvine

Address 172 W. Hoe St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C C17585

CERTIFICATE OF DEATH.

1908

(Place of Death.) No. 616 Raborg St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Snead

Residence, Give Street and Number, 616 Raborg St

Duration of Residence in Baltimore, 40 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX female COLOR colored

DATE OF BIRTH 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER dont no

BIRTHPLACE OF FATHER (State or county) dont no

MAIDEN NAME OF MOTHER dont no

BIRTHPLACE OF MOTHER (State or county) dont no

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ella Jones

(Address) 616 Raborg st

Filed 12/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug 2 1908 to Nov 30 1908 that I last saw h[er] alive on Nov 28 1908 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Anaemia

(DURATION) 30 DAYS

Contributory (Primary) Nephritis

(DURATION) (?) DAYS

(Signed) H S McCaul M. D.

Address 136 a Hull St

Date Nov 30 1908

Place of Burial Laurel Cemetery

Date Dec. 2 1908

Undertaker John H. Toadvine

Address 142 W. Hill St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17586 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. C 17586

CERTIFICATE OF DEATH.

11

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George Garwick

Residence, Give Street and Number, 8 Maple ave., Woodberry

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 21 1852

AGE: 56 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 12/2 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 30 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1908 to Nov. 30 1908 that I last saw h[illegible] alive on Nov. 30 1908 and that death occurred, on the date stated above, at 2.5[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs

(DURATION) DAYS

Contributory (Primary) Acute Nephritis

(DURATION) DAYS

(Signed) Wm J Schmitz M. D.

Address City Hospital

Date Nov. 30 1908

Place of Burial St Mary's Hampden

Date Dec 3 1908

Undertaker John E. Chenowith's Son

Address 919 3rd Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C17587 Registered No. B C17587

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 97 Crowdys Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of John and Florence Lockner.

{ Residence, if in Baltimore, Give Street and Number. } 97 Crowdys Pl. (Crowther alley)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 28 1908

AGE: — years, — months, 3. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): #97 Crowdys Pl.

FULL NAME OF FATHER: Jno. Lockner.

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lockner

(Address) 97 Crowdys Pl

Filed 12/2 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 1st 1908

I HEREBY CERTIFY, That I attended deceased from Nov 28 1908 to Dec 1st 1908 that I last saw h— alive on Dec 1st 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital inanition

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jonathan A Pitcos M.D.

Address City Hospital

Date Dec. 1 1908

Place of Burial St Mary's Hampden

Date Dec 2 1908

Undertaker Wm E Chenowith Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17588

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17588

City of Baltimore, (No. 217 N. Carrollton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carrie Belle Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 29 (Day) 1887 (Year)

AGE: 21 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Reed Lemon

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Carrie Belle Jones

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Bell Cooper

(Address) 217 N. Carrollton Ave.

Filed 12/2 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 30th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1st 1908 to Nov. 30 1908 that I last saw h[illegible] alive on Nov. 29th 1908, and that death occurred, on the date stated above, at 4.50 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis one year (DURATION) DAYS

Contributory Exhaustion (DURATION) ME DAYS

(Signed) Theron F. Freeman M. D.

Nov 30 1908 (Address) 1304 Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem.

DATE OF BURIAL: Dec. 4th 1908

UNDERTAKER: Wm B Crothers

ADDRESS: 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17589

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17589

City of Baltimore, (No. 758 McHenry St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert C. Sorjcek

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 16th (Day) 1881 (Year)

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt Md.

FULL NAME OF FATHER: Joseph Sorjcek

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Leckiewicz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Car Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Sorjcek

(Address) 758 McHenry St

Filed 12/2 1908 MARY C. ARMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 1 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to Dec 1 1908

that I last saw h.. alive on Nov 30 1908,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis

..... (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H. Bruce M. D.

Dec 1 1908 (Address) 131 W. Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Oak Hill Cemetery — DATE OF BURIAL: Dec 4th 1908

UNDERTAKER: Geo Leinbach & Son — ADDRESS: 647 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C17590 — Registered No. B C17590

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1150 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Mosley Diggs.

{Residence, if in Baltimore, Give Street and Number.} 1150 N. Calhoun St

Duration of Residence in Baltimore. 1 yrs- 5 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1832

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dollie H. Diggs

(Address) 1150 N. Calhoun

Filed 12/2 1908 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 1, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1908 to Dec. 1 1908

that I last saw h— alive on Nov. 30 1908,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N Carey St

Date Dec. 1, 1908

Place of Burial Half Way Cem Hagerstown md

Date December 3rd 1908

Undertaker Saml H. Chaseldon

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17591 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C C17591

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 2241 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Turner

Residence, Give Street and Number, 2241 Mc Elderry St

Duration of Residence in Baltimore, 74 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Sep 4 1824

AGE: 84 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: John M Bachlew

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Susan Pleger

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Turner

(Address) 224 Mc Elderry

Filed 12/2 1908 HARRY C. ARRANTS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Dec 2 1908

that I last saw her alive on Dec 1 1908

and that death occurred, on the date stated above, at 5-10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Respiratory Failure

(DURATION) 1 DAYS

Contributory (Primary) Acute Bronchitis

(DURATION) 9 DAYS

(Signed) A B. Leeman M. D.

Address 742 N. Patterson Park Ave.

Date Dec 2 1908

Place of Burial Bolton Cemetery

Date Dec 5 1908

Undertaker Edw. J. Fanning.

Address FUNERAL DIRECTOR. 1930 E Lafayette

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C17592 WRITE PLAINLY ...K. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C 17592

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 Madison St Homestead St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name George H January.

Residence, Give Street and Number, 5 Madison St Homestead

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Sept 20 1

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Charles January

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Anna Curran

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Metal worker (yes)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie January

(Address) 5 Madison St Homestead

Filed 12/2 1908 HARRY C. ARDREYS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov. 30 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Nov. 30 1908

that I last saw him alive on Nov. 30 1908

and that death occurred, on the date stated above, at 12 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 2 DAYS

Contributory (Primary) Interstitial

Nephritis (DURATION) 1 year DAYS

(Signed) John D. Kuhn M. D.

Address 428 Gorsuch ave

Date 11/30 1908

Place of Burial Loudon Pk.

Date Dec 3 08 1908

Undertaker Wm Cook

Address 502 E North ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C17593

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C 17593

36

CERTIFICATE OF DEATH.

(Place of Death.) No. House of Good Shepherd for Colored St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Jackson

Residence, Give Street and Number, Cor Trenkled & Calverton roads

Duration of Residence in Baltimore, Supposed to be (all life)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: ~~Dec 2~~ (not)

AGE: 18 years, X months, X days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): as far as Known Baltimore

FULL NAME OF FATHER: Not Known by him

BIRTHPLACE OF FATHER (State or county): unknown to deceased

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): unknown to deceased

OCCUPATION OF DECEASED: None (Inmate of Institution)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A S Clayton

(Address) 432 Mary St

Filed Dec 2 1908 HARRY C. ARAPPS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Dec 1 1908

that I last saw her alive on Dec 1 1908

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate,)

Acute basic Pneumonia (right lung 2nd Stage - Coma resulting from.

Albuminemia - General physical Condition bad. (DURATION) 16 DAYS

Contributory (Primary) Suppurative Struma of Cervical Glands (DURATION) DAYS

(History of previous Syphilitic infection)

(Signed) A S Clayton M. D.

Address 432 N Mary St

Date Dec 2. 1908

Place of Burial St Peters Cemetery.

Date Dec 3rd 1908

Undertaker Crowley Bros.

Address 251 Hilton Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17594

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17594

City of Baltimore, (No. 134 E. Hughes ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth D. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Mar 20 1840 (Month) (Day) (Year)
AGE	68 years, 8 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Dennard H Travers
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Martha A Travers
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise E Cannon (Sister)

(Address) 1443 Light St

Filed 12/2 1908

HARRY C. ARMS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1908 to Dec 1 1908

that I last saw h-r alive on Nov 30 1908,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Chronic Dysentery

(DURATION) 6 weeks DAYS

Contributory

(DURATION) DAYS

(Signed) W. S. Smith M. D.

Dec 1 1908 (Address) 628 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
BALTIMORE CEMETARY.	DEC 3 1908
UNDERTAKER	ADDRESS
Armstrong Denny Co.,	715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C17595 Registered No. B C17595

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis P. Reddington

{Residence, if in Baltimore, Give Street and Number.} 422 Falls Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 10 1908

AGE: ..... years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: P. F. Reddington

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Sullivan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P F Reddington

(Address) 422 Fall Road

Filed 12/2 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1908

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1908 to Nov 28th 1908 that I last saw h[illegible] alive on Nov 28th 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Vernon Dudley M.D.

Address 405 Fells Road

Date Dec 2nd. 1908

Place of Burial St Mary's Grounds

Date Dec 3 1908

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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C17596

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. B C17596

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1518 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Berish

{Residence, if in Baltimore, Give Street and Number.} 1518 Eastern Ave

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michal Berish

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Ludwicka Budaier

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michal Berish

(Address) 1518 Eastern Ave

Filed Dec 2 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec 2 1908

that I last saw h... alive on Dec 2 1908,

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 21 DAYS

Contributory (Primary) Premature Birth (8 mo)

(DURATION) ..... DAYS

(Signed) J Wolman M.D.

Address 18 S Broadway

Date Dec 2 1908

Place of Burial Holy Rosary

Date Dec 3 1908

Undertaker William Fiallowski

Address 724 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17597

12 X

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C17597

Registered No. B .....

City of Baltimore, (No. Bieber-Schuman Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E. Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Apr (Month) ..... (Day) 1845 (Year)

AGE: 63 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: John A Murphy

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Nancy Clarkson

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Coleman

(Address) Sherwood Md

Filed Dec 3" 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 2 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 11/25/ 1908 to 12/2 1908 that I last saw her alive on 12/2 1908, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Toxemia Uremic poisoning.

..... (DURATION) 8 DAYS

Contributory Interstitial Nephritis

..... (DURATION) ..... DAYS

(Signed) Geo. W. D. Eichhoff, M. D.

12/2 1908 (Address) 2203 N. Chas.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Salt Lake City Utah — How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Muddy Creek Forks-York Co Pa — DATE OF BURIAL: Dec 3 1908

UNDERTAKER: Jos B. Cook — ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 17598

Ward 20 CT7598

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Landgraf

{Residence, if in Baltimore, Give Street and Number.} 322 S. Spring St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 24th 1846

AGE 62 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Michael Landgraf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ~~Margaretha~~ Ebert

BIRTHPLACE OF MOTHER (State or country) ~~Not Known~~ Germany

OCCUPATION OF DECEASED Trunk maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Landgraf

(Address) 322 S. Spring St

Filed 12/3 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 - 4.25 am 1908

I HEREBY CERTIFY, That I attended deceased from Sept 9 1908 to Dec 1 1908

that I last saw him alive on Dec 1 1908,

and that death occurred, on the date stated above, at 4.25 am.

CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address J. H. Hospital

Date Dec 1. 1908

Place of Burial St Evangelical Cem.

Date Dec. 3rd 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17599 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 E 1

Registered No. C 17599

CERTIFICATE OF DEATH.

142

(Place of Death.) No. 2042 W. Fayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julia McCullough

Residence, Give Street and Number, 2042 W. Fayette St.

Duration of Residence in Baltimore, 30 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Ed Ward

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. F. McCullough

(Address) 2042 W Fayette St

Filed 12/3 1908 HARRY C. ARDRAWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1908 to Dec 2nd 1908 that I last saw h on alive on Dec. 2nd 1908 and that death occurred, on the date stated above, at 7-15 P. M. CAUSE OF DEATH (Secondary or Immediate,) Heart failure — exhaustion Arterio sclerosis, Senile gangrene

(DURATION) 2 DAYS

Contributory (Primary) Senile gangrene

(DURATION) 15 DAYS

(Signed) Wm. Hiokes, M. D.

Address 30 N. Paulta Ave

Date Dec. 3rd 1908

Place of Burial Cathedral Cemetery

Date Dec 5th 1908

Undertaker John H Cowan

Address 901 Hollins St

Remarks .....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C17600 Registered No. B C17600

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 41 E. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno. Riddlemoser

{Residence, if in Baltimore, Give Street and Number.} 41 E. Stricker St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1822

AGE: 84 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Adams Co. Pa

FULL NAME OF FATHER: Jno. Riddlemoser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Riddlemoser

(Address) 405 S. Gilmor St

Filed 12/3 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Dec 1 1908

that I last saw h[illegible] alive on Dec 1 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure (exhaustion)

(DURATION) DAYS

Con'tributory (Primary.) Carcinoma

Stomach (DURATION) 6 mos. DAYS

(Signed) J. Fred'k Lentz M.D.

Address 1345 W. North Ave

Date Dec 3 1908

Place of Burial Cathedral Cem

Date December 4 1908

Undertaker John J. Curran

Address 701 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C17601 — Registered No. B 134

C17601

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Whittington

{ Residence, if in Baltimore, Give Street and Number. } 301 South Third Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 24th 1873

AGE: 35 years, 2 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Martin Homberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Bertha Stamm

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Whittington

(Address) 301 S. 3rd St

Filed 12/3 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1" 1908

I HEREBY CERTIFY, That I attended deceased from Nov 26 1908 to Dec. 1 1908

that I last saw her alive on Dec. 1 1908,

and that death occurred, on the date stated above, at 4 a.m.

a. m. CAUSE OF DEATH (Secondary or Immediate)

Extrauterine Pregnancy

— ruptured

(DURATION) DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date December 1" 1908

Place of Burial St Paul Cem

Date 12/4 1908

Undertaker John Herwig & Son

Address 900 E Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C17602 — Registered No. B C17602

28

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 N Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Gertrude Reese

{Residence, if in Baltimore, Give Street and Number.} 239 N Schroeder St

Duration of Residence in Baltimore. Nov - 1st.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 17 1908

AGE ——— years, 5 months, 15 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George Reese

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Margaret Simms

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Reese

(Address) 239 N Schroeder

Filed 12/3 1908 HARRY C. ANDRITS, PERMIT CLK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Dec 2 1908

that I last saw h— alive on Dec 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate

Intercular Meningitis

(DURATION) 14 DAYS

Contributory (Primary) Asthenia

(DURATION) 8 DAYS

(Signed) H Monroe M.D.

Address 939 N Fayette St

Date Dec 4 1908

Place of Burial Loudon Park

Date Dec 4 1908

Undertaker Jos B Cook

Address 1003 W Balt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17603

C17603

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1410 W Lom bard St.; (Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Boulden Sorden

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan 4 1834 (Month) (Day) (Year)

AGE 74 years, 10 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Boonsboro Md

FULL NAME OF FATHER Hutchin Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Priscilla Melvin

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Sotten

(Address) 1410 W Lom bard

Filed 12/3 1908

HARRY C. ARMSTRONG PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2d 190 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 26 1908 to Dec 2 1908 that I last saw h e alive on Dec 1st 1908, and that death occurred, on the date stated above, at 8 30 a. M. The CAUSE OF DEATH was as follows:

Acute Indigestion

(DURATION) DAYS

Contributory Collapse

(DURATION) 4 DAYS

(Signed) C Duncan Hill M. D.

12-2 1908 (Address) 1 W Lom bard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Dec 4 1908
UNDERTAKER	ADDRESS
Jos B Cook	1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17604

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45

CERTIFICATE OF DEATH.

C17604

Registered No. B.....

City of Baltimore, (No. 1526, John St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Hagner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 12 (Month) (Day) 1833 (Year)

AGE: 75 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Dr Thos Hungerford

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Ann Wilkinson

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm T Atwell

(Address) 1526 John St

Filed 12/3 1908

HARRY O. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Dec 3 1908

that I last saw her alive on Dec 2 1908,

and that death occurred, on the date stated above, at 12 15 A.M. The CAUSE OF DEATH was as follows:

Uraemia (DURATION) 3 DAYS

Contributory Carcinoma of Bladder (DURATION) Some time DAYS

(Signed) Chas. H. Lamed M. D.

Dec 3 1908 (Address) 1327 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF REMOVAL: Calvert Co Md

DATE OF BURIAL: Dec 3 1908

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C17605 — Registered No. B C17605

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1602 John St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John V. Wonderly

{Residence, if in Baltimore, Give Street and Number.} 1602 John St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 30th 1843

AGE: 65 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm S Wonderly

BIRTHPLACE OF FATHER (State or country): Phila Pa

MAIDEN NAME OF MOTHER: Eleanora C Cummins

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Wonderly

(Address) 1602 John St

Filed 12/3 1908 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to Dec 2 1908

that I last saw him alive on Dec 1 1908

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) 10 yrs DAYS

Contributory (Primary.) Mitral Regurgitation

(DURATION) DAYS

(Signed) Albert F. Covey M.D.

Address 1412 Mt Royal Av

Date Dec 3 1908

Place of Burial London Park Cem

Date Dec 5th 1908

Undertaker E Madison Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAD THE LAW PRINTED ON THE MARGIN

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C17606 — Registered No. C C17606

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1801 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip P. McCloskey

Residence, Give Street and Number, 1801 N. Chapel St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: Apr 15 — 1875

AGE: 33 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Cumberland Md

FULL NAME OF FATHER: Jas McCloskey

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas M Closkey Jr

(Address) 802 W Fayette St

Filed 12/3 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec. 2, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1908 to Dec. 2, 1908

that I last saw him alive on Dec. 2, 1908

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of lungs

(DURATION) 2 DAYS

Contributory (Primary) Cerebral Haemorrhage

(DURATION) 6 DAYS

(Signed) Eugene L. Pessano M. D.

Address 2112 E. Baltimore St

Date Dec. 3, 1908

Place of Burial ~~Arbutus Md~~ Cathedral Cem

Date Dec 5" 1908

Undertaker E Madison Mitchell

Address 120 W Fayette St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C.17607 Registered No. C 17607 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 Rogers Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Boulding C17607

Residence, Give Street and Number, 224 Rogers Ave.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male. COLOR Colored

DATE OF BIRTH 1

AGE 9 years, 7 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Henrey Boulding

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Mary Storks

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Boulding

(Address) 224 Rogers Ave

Filed 12/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec Nov 30 1908 died not.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190 abt

and that death occurred, on the date stated above, at 5:30

M. CAUSE OF DEATH (Secondary or Immediate,)

Fall from 2nd Story window

Neck (probably) broken

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wilkey, Coroner M. D.

Address 1639 Broadway

Date Dec 31 1908

Place of Burial Loudon Park

Date Dec 3 1908

Undertaker R. Hillcoat & Son

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C [redacted] CF7608 109

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Smiths Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Collins

Residence, Give Street and Number, 925 Smiths Court

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR B.

DATE OF BIRTH June 1st 1902.

AGE 6 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Bacto. Md.

FULL NAME OF FATHER Alfred Collins

BIRTHPLACE OF FATHER (State or county) Bacto. Md.

MAIDEN NAME OF MOTHER Sadie Hunt

BIRTHPLACE OF MOTHER (State or county) Bacto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Collins

(Address) 915 Smith st

Filed 12/3 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 2nd 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1908 to Dec 2nd 1908.

that I last saw h[illegible] alive on Dec 1st 1908.

and that death occurred, on the date stated above, at 5.3[illegible] A. M. CAUSE OF DEATH (Secondary or Immediate,)

Fecal Impaction

(DURATION) 2 DAYS

Contributory (Primary) Asthenia

(DURATION) DAYS

(Signed) C Stuyer Jr. M. D.

Address 402 N. Lakewood Ave

Date Dec. 2nd 1908

Place of Burial Laurel

Date Dec 4th 1908

Undertaker R A Elliott

Address 506 Hoyers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore. 1906

Ward 14 — C17609 — Registered No. B C17609

166

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Mc Laughlin

{Residence, if in Baltimore, Give Street and Number.} Annapolis Md

Duration of Residence in Baltimore. 2 wks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: Wht

DATE OF BIRTH: 1865 a Corner

AGE: 33. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant University Hospital

(Address) Lombard & Greene Sts

Died 12/3 1908

HARRY C. ARGIRES, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3 1908

I HEREBY CERTIFY, That I attended deceased from [redacted] 1908 to [redacted] 1908

that I last saw h[redacted] alive on [redacted] 1908,

and that death occurred, on the date stated above, at 8

9 M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Electric Shock,

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date ~~November~~ Dec 3 1908.

Place of Burial Washington D. C.

Date 12 - 3rd 1908

Undertaker Wm M. Gaulthop

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN. C17610

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C17610

154

CERTIFICATE OF DEATH

(Place of Death.) No. 109 Ausquith (166 Hebrew Aged Home) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Berel Feingold

Residence, Give Street and Number, 109 Ausquith St

Duration of Residence in Baltimore, 10 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1833

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Russia.

FULL NAME OF FATHER: Harry Feingold

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Epstein

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Epstein

(Address)

Filed 12/3 1908

HARRY C. ARRAVS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1905 to Dec 2nd 1908

that I last saw h in alive on " 2nd 1908

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) M. M. Savage, M. D.

Address 1121 E Baltimore St

Date Dec. 3rd 1908

Place of Burial Hebrew Bloom Rd

Date Dec. 5 1908

Undertaker Wm Levinson

Address 1620 Mc Elderry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17611 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. C C17611

CERTIFICATE OF DEATH.

159

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Stiffler

Residence, Give Street and Number, 2711 Jefferson St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Feb 18 1893

AGE 15 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Wm F. Stiffler

BIRTHPLACE OF FATHER (State or county) Balto Md.

MAIDEN NAME OF MOTHER Janetta Almoney

BIRTHPLACE OF MOTHER (State or county) Balto Md.

OCCUPATION OF DECEASED Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Stiffler

(Address) 2711 E. Jefferson St

Filed 12/3 1908 MARY C. ARMES, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 1 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to 190

that I last saw h alive on ~~Dec~~ 190

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide by Pistol

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred G. Carnes M. D.

Address Coroners Office

Date Dec 2 08 1908

Place of Burial Loudon Park Cemetery

Date December 4 1908

Undertaker Edward L. Fanning

Address 1460 Battery Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. B C17612

C17612

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 610 N Spring St, Baltimore (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Davis

{Residence, if in Baltimore, Give Street and Number.} 610 N Spring St.,

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: February 27 1908

AGE: ... years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ...

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Davis

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Henrietta Bantum

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ...

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Bantum.

(Address) 610 N Spring St.

Filed 12/3 1908

HARRY C. ARGUS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2nd, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Dec. 2 1908

that I last saw h... alive on Dec. 2 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(Duration) an hour

Pneumonia

(DURATION) Five Days

Contributory (Primary.) ...

(DURATION) 5 DAYS

(Signed) J. Edw. Fisher M.D.

Address 410 Lexington St

Date Dec. 2nd, 1908

Place of Burial Asbury Cemetery

Date Dec 4 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C17613 — Registered No. B C17613

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2600 Foster av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Pomaniek

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 25 1908

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Walenty Pomaniek

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie SKorzyska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walenty Pomaniek

(Address) 2600 Foster av

Filed 12/7 1908 HARRY O. ARMAES, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3 1908

I HEREBY CERTIFY, That I attended deceased from December 2 1908 to December 3 1908 that I last saw h[er] alive on December 2 1908, and that death occurred, on the date stated above, at 6.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Debility (DURATION) 2 DAYS

Contributory (Primary.) Cardiac Insufficiency (DURATION) 2 DAYS

(Signed) S. J. Szawals M.D.

Address 1713 Bank st

Date December 3d 1908

Place of Burial St Stanislaus

Date Friday Dec 4" 1908

Undertaker W. F. Sadowski

Address 703 S. Oram St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C17614 — Registered No. B C17614

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1218 Canton Av. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bertie Browne

{Residence, if in Baltimore, Give Street and Number.} 1218 Canton Av.

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: ..... years, 4 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Martin Brown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Martha Wilhelmina
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Brown

(Address) 1218 Canton Av

Filed 12/4 1908 HARRY C. ARLETT Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Dec 3rd 1908

that I last saw her alive on Dec 3rd 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St.

Date Dec 3rd 1908

Place of Burial St Stanislaus

Date Dec 5 " 1908

Undertaker W. F. Sadowski

Address 103 S. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C17615 — Registered No. B C17615

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kavnaugh

{Residence, if in Baltimore, Give Street and Number.} 1107 Barclay St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 16th — 1873

AGE: 35 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Mc Quillian

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Maria O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Straw hat Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Carroll

(Address) 1227 Mulliken

Filed ..... 190..... HARRY O. ARMIGER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2nd 1908

I HEREBY CERTIFY, That I attended deceased from November 27 1908 to Dec 2nd 1908

that I last saw h[illegible] alive on Dec 2nd 1908,

and that death occurred, on the date stated above, at 12 M

——M. CAUSE OF DEATH (Secondary or Immediate.)

Acute nephritis and Uraemia

(DURATION) 3 DAYS

Contributory (Primary.) Uraemia (or Acute nephritis) (DURATION) 60 DAYS

(Signed) H. G. Beck M.D.

Address 214 E Preston St.

Date December 2nd 1908

Place of Burial New Cathedral Cemetery

Date Dec 5 1908

Undertaker Mc Ginnis - Carroll

Address 1227 Mulliken St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C17616 — Registered No. B C17616

CERTIFICATE OF DEATH. 129

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary W. Hasson

{Residence, if in Baltimore, Give Street and Number.} 9 x 11 East Lanvale St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 10" 1860

AGE 48 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob D. Sumwalt

BIRTHPLACE OF FATHER (State or country) Balto County

MAIDEN NAME OF MOTHER Sarah C Standford

BIRTHPLACE OF MOTHER (State or country) Balto Co. Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F. Sumwalt.

(Address) 1532 E. Madison St.

Filed 12/14 1908

HANAI C. ARNOLD. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2d 1908

I HEREBY CERTIFY, That I attended deceased from November 24, 1908 to December 2 1908 that I last saw h.er alive on December 2 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion and occlusion of bowel.

— (DURATION) — DAYS

Contributory (Primary.) Uterine fibroid and occlusion of bowel (DURATION) — DAYS

(Signed) L. P. Lefeber M.D.

Address Maryland Homeop. Hosp.

Date December. Second 1908

Place of Burial Baltimore Cemetery

Date Dec 4th 1908

Undertaker John B. Spence

Address 1325. N. Caroline, St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**

READ THE LAW PRINTED ON THE MARGIN. C1761 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C C1761 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen M. Halloran

Residence, Give Street and Number, 1003 Valley St.

Duration of Residence in Baltimore, City

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH 1

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Michael Halloran

BIRTHPLACE OF FATHER (State or county) Ireland.

MAIDEN NAME OF MOTHER Theresa O'Malley

BIRTHPLACE OF MOTHER (State or county) Garland.

OCCUPATION OF DECEASED Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William R. Halloran

(Address) 923 Sterling St.

Filed 12/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1908 to Dec 3rd 1908 that I last saw her alive on Dec 3rd 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

(DURATION) ..... DAYS

Contributory (Primary) Valvular disease of Heart (DURATION) ..... DAYS

(Signed) Clarence Lowe M. D.

Address 1535 E. Baltimore St.

Date December 3rd 1908

Place of Burial St. Peters Cemetery

Date Dec. 5th 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17618 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C17618

159

CERTIFICATE OF DEATH.

(Place of Death.) No. Found dead on boat Cor Light & Pratt sts St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph T. Barclay

Residence, Give Street and Number, 2846 N. Calvert

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male. COLOR White

DATE OF BIRTH March 2 1884

AGE 24 years, ~~about~~ 9 months, 23 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Jno T Barclay

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER Florence Shinnick

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Shinnick

(Address) 1605 N Eastern Ave.

Filed 12/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Found dead Dec 2nd 1908 did not

I HEREBY CERTIFY, That I attended deceased ~~from~~ 190 to 190

that I last saw h alive on 190 Found dead

and that death occurred, on the date stated above, at 9 a/ M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide by pistol shot wound in head

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. T. Riley. Coroner M. D.

Address 1639 Bank

Date Dec 2 1908

Place of Burial Loudon Park Cemetery

Date December 4th 1908

Undertaker Chas F Evans

Address 118 N Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C17619

18

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

C17619

Registered No. B .....

City of Baltimore, (No. 2107 N Schroeder St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Estella Fredericks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 31 1906 (Month) (Day) (Year)

AGE: 1 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frank Le R. Frederick

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Carrie Jones

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Le R. Frederick

(Address) 2107 N Schroeder

Filed 12/4 1908

HARRY O. ARDINS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 3rd 1908. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Dec 3rd 1908

that I last saw her alive on ..... 190 ....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Was called to see this Child at 11 A.M. Dec 3rd 08 and learned that it had had a Chill for one Week, (DURATION) been DAYS

Contributory Treated for Bronchitis Was Cured by the Mother (DURATION) ..... DAYS

(Signed) John A. K. Shroyer, M. D.

Dec 3rd 1908 (Address) 662 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Dec 4 1908
UNDERTAKER	ADDRESS
Jos B Cook	1003 N Balto St

I. P. W.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17620

C17620

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 623 Lig Lt St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Flora Dines (Diner)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 4 (Month) (Day) 1907 (Year)

AGE: 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Maurice Dines

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Rothenstein

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Dines

(Address) 727 E Chase

Filed 12/14 1908

MARY O. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 4 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1908 to Dec 4 1908

that I last saw her alive on " 4 1908

and that death occurred, on the date stated above, at 6.3 A. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 15 DAYS

Contributory Broncho Pneumonia

(DURATION) 2 DAYS

(Signed) N. Bailey M. D.

Dec 4 1908 (Address) 12 Hillen

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Hebrew Washington — DATE OF BURIAL: Dec 4 1908

UNDERTAKER: Max Leinwar — ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C17621

Registered No. B C17621

9r

CERTIFICATE OF DEATH.

(Place of Death.) No. 147 S Patterson St - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elij M. Mack - (French)

{ Residence, if in Baltimore, Give Street and Number. } 147 S. Patterson

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH June 29th 1908

AGE ..... years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert French

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Amelia Hofmeister

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hofmeister

(Address) 147 S. Patterson St.

Filed 12/4 1908

HARRY O. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 - 1908

I HEREBY CERTIFY, That I attended deceased from Nov - 1 1908 to Dec - 2 1908

that I last saw h-r alive on Dec 1 - 1908,

and that death occurred, on the date stated above, at 12 15 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs- Pneumonia -

4 wks (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Dr. A. Brand M.D.

Address 125 E Balto -

Date Dec 2/08 1908

Place of Burial Mt Carmel

Date Dec. 4th 1908

Undertaker H. Sauter & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

C17622 Registered No. B C17622

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Kinsins Love St.

(If Death occurr... Hospital or Institu... give its Name in... of Street and Nu...

Full Name John W. Dennis

{Residence, if in Baltimore, Give Street and Number.} 103 - 3rd Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	August 5 1871
AGE	37 years, 3 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Frank A Dennis
BIRTHPLACE OF FATHER (State or country)	Portugal
MAIDEN NAME OF MOTHER	Mary J. Cromwell
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary H Dennis (wife)

(Address) 103 - 3rd ave

Filed 12/4 1908 HARRY O. ARLANDS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3 1908 190

I HEREBY CERTIFY, That I attended deceased f...

...190... to ...190...

that I last saw h... alive on ...190...

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immed...

Cardiac Failure

...(DURATION) D...

Con'ributory (Primary.)

...(DURATION) D...

(Signed) Edw Reinhardt Coroner

Address

Date December 4. 08 190

Place of Burial St. Peters Cemetery

Date December 5- 190

Undertaker Horace Burgen

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C17623 — Registered No. B C17623

74

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Talbott

{Residence, if in Baltimore, Give Street and Number.} 3210 Walbrook Ave

Duration of Residence in Baltimore. Fifteen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 20 June 1876

AGE: 32 years, 5 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Mc Fisher

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah C Pierce

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Talbott

(Address) Liberty Rd Walbrook M

Filed 12/4 1908

HARRY C. ARRANS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Dec 2 1908 that I last saw her alive on Dec 2 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Tumor

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harvey Cushing M.D.

Address Johns Hopkins Hospital

Date Dec 3 1908

Place of Burial Druid Ridge Cemt

Date Dec 5 1908

Undertaker Josiah Spur

Address 1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C17624 Registered No. C C17624

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1535 Nevington Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Leaw

Residence, Give Street and Number, 1535 Nevington Place

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Baltimore City

FULL NAME OF FATHER: Justus Snyder

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Mary Burkheide

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1535 Nevington Place

Filed 12/4 1908 NAAT O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 1st 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1908 to Dec 1st 1908

that I last saw her alive on Nov 30 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

4½ Months (DURATION) ... DAYS

Contributory (Primary) ... (DURATION) ... DAYS

(Signed) John D. Peck M. D.

Address 1936 Monument St

Date December 2nd 1908

Place of Burial Baltimore

Date Dec 4 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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1908

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HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C17625 Registered No. B C17625

CERTIFICATE OF DEATH.

(Place of Death.) No. 1846 Eagle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Washington

{Residence, if in Baltimore, Give Street and Number.} 1846 Eagle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas H Goodwin

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Cecelia Mayard

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecelia Goodwin

(Address) 1846 Eagle St

Filed 12/4 1908 [illegible] O. ADAMS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1908 to Dec. 2, 1908 that I last saw h at alive on Nov. 28, 1908, and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. L. Dickey M.D.

Address Dispensary Physician Franklin Square Hospital

Date Dec. 3, 1908

Place of Burial Mt. Auburn

Date Dec 5th 1908

Undertaker R. J. Elliott

Address 501 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 17636

CERTIFICATE OF DEATH.

1905

(Place of Death.) No. 502 N. Caroline St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louise Chester

Residence, Give Street and Number, 502 N. Caroline St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. married

BIRTHPLACE (State or county) md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 502 N Caroline St

Filed 12/4 1905

MARY C. ARMIES, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 3 1905

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1905 to Dec. 3 1905

that I last saw h e alive on Dec. 2, 1905

and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) 2 Mos

Contributory (Primary) Exhaustion

(DURATION) 5 DAYS

(Signed) P. E. Lecy M. D.

Address 1017 Emmitt St

Date Dec. 3 1905

Place of Burial Auburn

Date Dec 6th 1905

Undertaker A. J. Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C17627 Registered No. B C17627

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 Merriman's Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Loretta Williams

{Residence, if in Baltimore, Give Street and Number.} 11 Merrimans Lane

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colerd

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Fridrick Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Williams

(Address) 11 Merrymans Lane

Filed 12/4 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1908 to Dec 2 1908

that I last saw her alive on Dec 2 1908

and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pericarditis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) P Garland Schnell M.D.

Address 424 East 23 St.

Date Dec. 3, 1908

Place of Burial Laurel

Date Dec 5 1908

Undertaker W J Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C17628 Registered No. B C17628

CERTIFICATE OF DEATH. 91

(Place of Death.) No. 1110 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Petty.

{ Residence, if in Baltimore, Give Street and Number. } 1110 Riverside

Duration of Residence in Baltimore. 25 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Petty (niece)

(Address) 1110 Riverside Ave.

Filed 12/4 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2 d 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Dec 2 1908 that I last saw her alive on Dec 2 1908, and that death occurred, on the date stated above, at 5 p. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. B. Burch M.D.

Address 828 N Carrollton Ave

Date Dec. 3 1908

Place of Burial Holy Cross Cemetery

Date Dec. 5 1908

Undertaker C & M. G. Flynn

Address 42 B West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17629

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B C17629

City of Baltimore, (No. 1207 N. Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm Henry Charles.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 25 1828 (Month) (Day) (Year)

AGE: 80 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Charles

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Harriet Mowbray

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A. Charles

(Address) 1207 N. Stricker

Filed 12/4 1908

HARRY C. ARLAND, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 2 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Dec 2 1908 that I last saw him alive on Nov 30 1908 and that death occurred, on the date stated above, at 12 A.M. The CAUSE OF DEATH was as follows:

Hemiplegia

(DURATION) 21 DAYS

Contributory

(DURATION) 21 DAYS

(Signed) Chas. E. Caulfield M. D.

Dec 2 1908 (Address) 601 Eutaw Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 4 1908

UNDERTAKER: W. J. Gickenson Son

ADDRESS: 1758 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C17630 WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward [redacted]

Registered No. C 17630
66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2919 Fait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Barocht

Residence, Give Street and Number, 2919 Fait Ave

Duration of Residence in Baltimore, 41 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1908

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Bohemia

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Schringer

(Address) 1029 E Fort Ave

Filed 12/14 1908 HARRY C. [illegible] Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Dec 3 1908

that I last saw her alive on Dec 2 1908

and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion (DURATION) 10 DAYS

Contributory (Primary) Arteriosclerosis (DURATION) 120 DAYS

(Signed) C W Ritter M. D.

Address 3200 Hudson

Date Dec 3rd 1908

Place of Burial Holy Redeemer

Date Dec 5 1908

Undertaker Frank Grach and Son

Address 1904 Ashland Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C17631 — Registered No. B C17631

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1828 Patterson ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Brown

{ Residence, if in Baltimore, Give Street and Number. } 1828 Patterson ave

Duration of Residence in Baltimore. All life. 7 yrs. 5 mos. 29 days

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: 1

AGE: 7 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Brazier

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 12/4 1908 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1908 to Dec 2 1908 that I last saw him alive on Dec 1, 1908, and that death occurred, on the date stated above, at 12.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) Five DAYS

to my Knowledge Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey

Date Dec. 2 1908

Place of Burial Mt Olivet

Date December 4th 1908

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. C17632 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. C C17632

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 10 S. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Messner

Residence, Give Street and Number, 10 S. Castle

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Dec 25th 1847

AGE 60 years, 11 months, 24 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married.

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or county) New York N.Y.

MAIDEN NAME OF MOTHER Eva Kutchenreuther

BIRTHPLACE OF MOTHER (State or county) Germany.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Messner

(Address) 10 S. Castle.

Filed 12/4 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1908 to Dec 2nd 1908

that I last saw her alive on Dec 1st 1908

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Congestion

(DURATION) 4 DAYS

Contributory (Primary) Valvular Heart Disease

(DURATION) 35 DAYS

(Signed) Edw. M. Singwald M. D.

Address 1- N. Washington St

Date Dec 3d 1908

Place of Burial Holy Redeemer Cem

Date Dec 5 1908

Undertaker Wendell Lippel & Co.

Address 330 S. Bond St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C17633 — Registered No. B C17633

81

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Lukes Hospital, north ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Priscilla Persey.

{ Residence, if in Baltimore, Give Street and Number. } 1123 Stockton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 31 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leina Hopkins

(Address) 1123 Stockton

Filed 12/4 1908

HARRY O. ARNOLD, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1908 to Dec. 2 1908

that I last saw h er alive on Dec. 2 1908,

and that death occurred, on the date stated above, at 430 A. M. CAUSE OF DEATH (Secondary or Immediate)

Epistaxis Patient was confined to Bed 9 no. Before coming to hospital

(DURATION) ✓ DAYS

Contributory (Primary.) Anuresis Abdomel Aortic

(DURATION) DAYS

(Signed) E. J. Cole, M.D.

Address 1534 Mt Royal ave.

Date Dec. 2nd 1908

Place of Burial St Peters

Date Dec 5 1908

Undertaker Wm J. Johnson

Address 614 E Baker St

WM. J. C. DUBANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C17634

Ward 24

Registered No. B 17634

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 E Cross St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna R Aschemeier

{Residence, if in Baltimore, Give Street and Number.} 125 E Cross

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas. H. Aschemeier

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Aschemeier

Address 125 E Cross St

Filed 12/4 1908 HARRY G. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Dec 3 1908 that I last saw h[illegible] alive on Dec 3 1908, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H Groshang M.D.

Address 1323 Light

Date Dec 4 1908

Place of Burial Loudon Park.

Date Dec 6 1908. 190

Undertaker Woodrow

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

C17635

Registered No. C C17635

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1044 N Lexington St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Stroker Coster

Residence, Give Street and Number, 1044 N Lexington St

Duration of Residence in Baltimore, 45 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 20 1

AGE: 69 years, 7 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: James Stroker Coster

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary J. Stroker

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamon Faulk

(Address) 819 Edmondson Ave

Filed 12/4 1908

HARRY O. ARMACOST
PERMIT CLERK.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Mar 2 1908 to Dec 3 1908

that I last saw him alive on Dec 3 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart disease

(DURATION) 31 DAYS

Contributory (Primary) Chronic parenchymatous degeneration (DURATION) about 2 yrs. DAYS

(Signed) M B Reed M. D.

Address 604 N Gilmor St

Date Dec 3 rd 1908

Place of Burial Mt Olivet

Date Dec 5 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17636 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17636

Ward 16

CERTIFICATE OF DEATH.

164

(Place of Death.) No. 1820 Oakley St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura J. Thomas

Residence, Give Street and Number, 1820 Oakley St

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: John T. Wilson

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Sarah Hanley

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary England

(Address) 1820 Oakley St

Filed 12/4 1908

MARY O. [illegible], PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 3, 1908

I HEREBY CERTIFY, That I attended deceased from Novem. 20, 1908 to Decem. 3, 1908 that I last saw h er alive on Nov. 29 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,) was an injury of the left hip, from which she was confined to her bed one year (DURATION) to date Contributory (Primary) She gradually weakened and finally died from (DURATION) the injury

(Signed) John Heard M. D.

Address 630 N. Gilmor St

Date Decem. 3, 1908

Place of Burial Loudon Park

Date Dec. 5/08 1908

Undertaker Lowe Pool

Address 502 E. Fayette

Remarks

516/5

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17637 Registered No. B C17637

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 Battery Ave St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wesley Lambert

{Residence, if in Baltimore, Give Street and Number.} 1211 Battery ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Sept 20. 1834

AGE 74 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Joseph Lambert

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Ward

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Ship Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Parlett - Daughter

(Address) 1211 Battery ave

Filed 12/4 1908 MARK C. [illegible] Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1908

I HEREBY CERTIFY, That I attended deceased from 12. 2 1908 to 12. 3d 1908

that I last saw h[illegible] alive on 12/3d 1908

and that death occurred, on the date stated above, at 12 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

3 hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Tullington M.D.

Address 132 E Fort Ave

Date 1908

Place of Burial LOUDON PARK

Date DEC 6 - 1908 1908

Undertaker Armstrong Penny Co.

Address 715 Light Street.

WM. J. C. DULANY C.I., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17638 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

C17638

Ward 5 Registered No. C 27

CERTIFICATE OF DEATH.

(Place of Death.) No Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick McGrath

Residence, Give Street and Number, 813 N Front 2d-D

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH — 1

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address)

Filed 12/5 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 3rd 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Dec 3rd 1908 that I last saw him alive on Dec 3 1908 and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Epheneustasis

(DURATION) DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) DAYS

(Signed) W. H. Eden M. D.

Address Bay View Hospital

Date Dec 4 1908

Place of Burial St. Vincents.

Date Dec 7/08. 1908

Undertaker Woodcock

Address 1028 Harford

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C17639

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

C17639

Registered No. B.....

City of Baltimore, (No. 2125, Jefferson Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha E Edwoods

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 3 (Month) 1 (Day) (Year)

AGE: 92 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Wm R Richard

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Bellie Row

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Nove

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Edwoods

(Address) 2125 Jefferson Place

Filed 12/5 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 3 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1, 1908 to Dec 3, 1908 that I last saw h.. alive on Jan. 30 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

old age

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) 7 DAYS

(Signed) P. E. Lee M. D.

Dec 7 1908 (Address) 2067 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: Dec 7 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C17640 — Registered No. B C17640

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Md University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Kellner.

{Residence, if in Baltimore, Give Street and Number.} 1001 Robinson St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Aug. 21 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Theardor Kellner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Baner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Kellner

(Address) 1001 Robinson St

Filed 12/5 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 4 1908

I HEREBY CERTIFY, That I attended deceased from a corner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Fr. Skull

Fall from car

(DURATION) DAYS

Con'ributory (Primary.) Accident

(DURATION) DAYS

(Signed) P J Martin M.D.

Address Corner

Date Dec 4 1908.

Place of Burial Oak Lawn

Date Dec. 7 1908

Undertaker Von Cusp

Address 602 E. Northern

Accidentally fell from flat car while at work

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C17641 — Registered No. B C17641 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 Anthony St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William E Hausmann

{Residence, if in Baltimore, Give Street and Number.} 1432 Anthony st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: July 18th 1908	
AGE: 0 years, 4 months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	William Housmann
BIRTHPLACE OF FATHER (State or country)	Toledo Ohio
MAIDEN NAME OF MOTHER	Ida Schaller
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida Haussmann

(Address) 1432 Anthony st

Filed 12/5 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1908

I HEREBY CERTIFY, That I attended deceased from Nov 28 1908 to Dec 3 1908 that I last saw h— alive on Dec 3 1908, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 45 DAYS

Contributory (Primary.) asthenia

(DURATION) — DAYS

(Signed) Wm L. Schwalar M.D.
U.S. Kettalicute.
827 Paisynth St

Address

Date Nov 4th 1908

Place of Burial 1st German United Ev Lutheran Cemetery

Date Dec 5th 1908

Undertaker George Schilling & Sons

Address 1126 E. Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17642

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C17642

CERTIFICATE OF DEATH.

57

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Halbruner

Residence, Give Street and Number, 644 W. Baltimore St.

Duration of Residence in Baltimore, 3 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX male COLOR white

DATE OF BIRTH April 6 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. married.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Thomas M Halbruner

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Elizabeth Smith

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan J Bradley

(Address) 46 Norman Ave

Filed 12/5 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 4 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1908 to Dec. 4 1908 that I last saw him alive on Dec. 4 1908 and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

(DURATION) DAYS

Contributory (Primary) Anemia Chronic

lead poisoning (DURATION) DAYS

(Signed) Wm Schmidt M. D.

Address City Hospital

Date Dec. 4 1908

Place of Burial Frederick Md

Date Dec 6 08 1908

Undertaker Wm Cook

Address 5 or E Northern

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C17643 — Registered No. B C17643

104

CERTIFICATE OF DEATH.

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Grayson

{Residence, if in Baltimore, Give Street and Number.} Provident Hospital — 737 Deeland Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Peter Smith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Eliza Alsop

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Charles Grayson

(Address) 737 DeEland St.

Filed 12/5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2d. 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Dec 2 1908

that I last saw her alive on Dec 1 1908

and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis

(DURATION) about one mo. DAYS

Con'tributory (Primary.) Starvation

(DURATION) about one mo. DAYS

(Signed) A. H. Fowler M.D.

Address 712 S. Sharp St

Date Dec 2d 1908

Place of Burial Laurel Cemetery

Date Dec. 5 1908

Undertaker John H. Todd

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE

READ THE LAW PRINTED ON THE MARGIN. C17644 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C17644

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 622 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Lane

Residence, Give Street and Number, 622 Sarah Ann

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balt City

FULL NAME OF FATHER Daniel Dugan

BIRTHPLACE OF FATHER (State or county) Annanda Co

MAIDEN NAME OF MOTHER Susan Carman

BIRTHPLACE OF MOTHER (State or county) Annanda Co

OCCUPATION OF DECEASED Midwife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Lane

(Address) 622 Sarah Ann St

Filed 12/5 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 3 1908

I HEREBY CERTIFY, That I attended deceased from as 190 Coroner 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

Duration (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M. D.

Address 1002 W Lafa

Date Dec 4 1908

Place of Burial Mount Auburn Cem

Date Dec 5 1908

Undertaker John H Owens & Son

Address 1222 Druid St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17645 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C17645

CERTIFICATE OF DEATH.

56

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George Cuerie.

Residence, Give Street and Number, 117 N. Gay St.

Duration of Residence in Baltimore, 6 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) New York

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or county) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) Not Known

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D McCauley

(Address) Gay & Lexington Sts

Filed 12/5 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 2 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1908 to Dec. 2 1908

that I last saw him alive on Dec. 2 1908

and that death occurred, on the date stated above, at 9.40 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion - Oedema of Lungs

(DURATION) ..... DAYS

Contributory (Primary) Gastritis-

Delirium tremens (DURATION) ..... DAYS

(Signed) Wm Schmitt M. D.

Address City Hospital

Date Dec. 2 1908

Place of Burial Lehnerts Cemetary

Date Dec 5 1908

Undertaker Robt T Turner

Address 1442 N Broadway

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17646

C17646

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 218 N. Wolfe St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jno D. Ahles

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 9 1831 (Month) (Day) (Year)
AGE	78 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	George Ahles
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Cath. Getz
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Peter Zink

(Address) 218 N. Wolfe St.

Filed 12/5 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3rd 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Dec 3rd 1908

that I last saw h[illegible] alive on Dec 3rd 1908,

and that death occurred, on the date stated above, at 5.45 P. M. The CAUSE OF DEATH was as follows:

Uremic Coma

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Arthur Bebb M. D.

Dec 3rd 1908 (Address) 2011 E. Pratt St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn	Dec 6 1908
UNDERTAKER	ADDRESS
Jos. J. Kerr	1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C17647 — Registered No. B C17647

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie G. McNeil

{ Residence, if in Baltimore, Give Street and Number. } 821 N Gilmor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 25 1874

AGE 34 years, 11 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Emory G. Mitchell

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Sarah L. Blowers

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H McNeil

(Address) 821 N Gilmor St

Filed 12/5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1908

I HEREBY CERTIFY, That I attended deceased from 1906 — 190 to Dec 3 1908 that I last saw h alive on Dec 3 1908, and that death occurred, on the date stated above, at 10 07 P.M.

CAUSE OF DEATH (Secondary or Immediate)

1. Tuberculosis of Lungs

Sick about 2 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D.

Address 211 W Lanvale

Date Dec 5 1908

Place of Burial Elkridge Md. E. Cem

Date Dec 6 1908

Undertaker Jas B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17648 WRITE PLAINLY WITH UNFADING INK.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 17648

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1406 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George L Hilt

Residence, Give Street and Number, 1406 Bolton St

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH April 1st 1841

AGE 67 years, 8 months, 2 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Ohio

FULL NAME OF FATHER Joseph Hilt

BIRTHPLACE OF FATHER (State or county) Pennsylvania

MAIDEN NAME OF MOTHER Sarah Picking

BIRTHPLACE OF MOTHER (State or county) Pennsylvania

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace E. Hilt.

(Address) 1406 Bolton St.

Filed 12/5 1908 HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec - 4 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Dec 4 1908

that I last saw him alive on Dec 4 1908

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Terminal Pneumonia

Heart failure (DURATION) 22 DAYS

Contributory (Primary) Arterio Sclerosis-

Myocarditis (DURATION) Some years DAYS

(Signed) Chas H Larsen M. D.

Address 1327 Park Ave

Date Dec 4 1908

Place of Burial Hanover, York Co. Pa.

Date December 6th 1908

Undertaker Stewart & Bowen Co

Address 218 Park Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAD THE LAW PRINTED ON THE MARGIN. C17649 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C C17649

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Kelly

Residence, Give Street and Number, 418 E. Biddle St

Duration of Residence in Baltimore, 60 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH May 21 st 1846

AGE 62 years, 6 months, 12 days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER John O'Day

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Catherine Mitchell

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 418 E. Biddle St

Filed 12/5 1908 HARRY O. ARDRAIS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 3d 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1908 to Dec 3d 1908

that I last saw her alive on Dec 3d 1908

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate,)

Toxaemia

(DURATION) 3 DAYS

Contributory (Primary) Lobar Pneumonia

(DURATION) 5 DAYS

(Signed) H C Beck M. D.

Address 214 E Preston St

Date December 4 1908

Place of Burial Cathedral

Date Dec 7 - 1908

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C17650 — Registered No. B C17650

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 533 N. Gay st — St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Maggie Gerlach

{Residence, if in Baltimore, Give Street and Number.} 533 N. Gay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 30th 1908

AGE: 8 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo Gerlach

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Margt Bolst

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Bolst

(Address) 533 N Gay St

Filed 12/5 1908 HARRY C. ARDRIES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1908

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Dec 4 1908

that I last saw h alive on Dec 3 1908,

and that death occurred, on the date stated above, at 4-15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonitis

(DURATION) 3 DAYS

(Signed) Geo L Saylor M.D.

Address 1254 N. Bond

Date Dec 4 1908

Place of Burial Mount Carmel Cemetery

Date Dec 6th 1908

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C17651 Registered No. B C17651

CERTIFICATE OF DEATH. 36

(Place of Death.) No. 533 W. Laurale St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Saml Fisby

{ Residence, if in Baltimore, Give Street and Number. } 533 W. Laurale St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Jany 1845

AGE: 23 years, — months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Fisby

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Scott

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bolts

(Address) 1107 Washington

Filed 12/5 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 4 1908

I HEREBY CERTIFY, That I attended deceased from Nov 18 1908 to Dec 4 1908 that I last saw him alive on Dec 3 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Con'tributory (Primary.) Syphilitic Ulceration of the Pharynx (DURATION) 1 yrs

(Signed) John E. Huck M.D.

Address 647 W Lafayette Ave

Date Dec 4 1908

Place of Burial Mt Auburn Cemetery

Date Dec 7th 1908

Undertaker J. A. Bolts

Address 1107 Washington Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C17652 — Registered No. B C17652

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 123 Richmond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Macken M Lewis

{Residence, if in Baltimore, Give Street and Number.} 123 Richmond St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Aug 4th 1854

AGE: 54 years, 3 months, 24 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Brooks

Address 1107 Woodbourne Ave

Filed 12/5 1908 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3 1908 to Dec 4 1908 that I last saw h.. alive on Dec 3 1908, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia Coma

About 12 hours (DURATION) DAYS

Contributory (Primary) Chronic Nephritis Cardiac hypertrophy Arterio-sclerosis (DURATION) 1 1/2 yrs DAYS

(Signed) C B Platt M.D.

Address 832 Cathedral St

Date December 5th 1908

Place of Burial Lorel Cemetery

Date Dec 7th 1908

Undertaker J. A. Brooks

Address 1107 Woodbourne Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C17653 Registered No. B C17653

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 238 S. Stricker Street St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name John H Russell

{Residence, if in Baltimore, Give Street and Number.} 238 S. Stricker Street.

Duration of Residence in Baltimore. 72 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: January 12th 1824

AGE: 84 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: John Russell

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: - - - - -

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Retired Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Russell

(Address) 238 S. Stricker St

Filed 12/5 1908 HARRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 4, 1908

I HEREBY CERTIFY, That I attended deceased from March 2, 1908 to Dec. 4, 1908 that I last saw him alive ~~on~~ four days ~~prior~~ to death, and that death occurred, on the date stated above, at 5 ~~P.~~ M. CAUSE OF DEATH (Secondary or Immediate)

General anasarca

more than a (DURATION) yea DAYS

Contributory (Primary.) Brights d

valvular heart (DURATION) ye DAYS

(Signed) John Hood M.D.

Address 630 N. Gilmor St.

Date December 5, 1908

Place of Burial Baltimore Cem

Date December 6th 1908

Undertaker William B. Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C17654 Registered No. B C17654

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 S. Gilmor St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Coberth

{Residence, if in Baltimore, Give Street and Number.} 211 S. Gilmor St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 6th 1908

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Thos Coberth

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Willie B Smith

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Coberth

(Address) 211 S Gilmor

Filed 12/5 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1908 to Dec 5" 1908

that I last saw h— alive on Dec 5" 1908

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Non closure of Foramen ovale

(DURATION) 1 DAYS

Con'tributory (Primary.) Prematurity

(DURATION) 1 DAYS

(Signed) W B Lowry M.D.

Address 1105 S. Gilmor St

Date Dec 5" 1908

Place of Burial Loudon Park

Date Dec 5 1908

Undertaker W. J. Turner & Son

Address Camden & Poe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C17655 Registered No. B C17655

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1314 W Lanvale St (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Douglas Thomas Davis

{Residence, if in Baltimore, Give Street and Number.} 1314 W Lanvale St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 9 1821

AGE 87 years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robt T. Davis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ruth Simmons

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Raborg

(Address) 1314 W Lanvale St

Filed 12/5 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to time of death 1908 that I last saw h- alive on Dec 4 1908, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma + emphysema
Infirmity of old age

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D. L. Davis M.D.

Address 900 N. Fulton

Date Dec 5th 1908

Place of Burial Mt Olivet Cemetery

Date Dec 6 1908

Undertaker W. H. Kerr & Son

Address Cor Lafayette & Arlington

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C17656

Ward 7X C17656 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Etta Faythe Stanger

{Residence, if in Baltimore, Give Street and Number.} 900 Montgomery Ave Staunton, Va.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 53 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. L. Evans

(Address) 118 W. Mt. Royal Ave.

Filed 12/5 1908 HARRY G. ARLBERT Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5th 1908

I HEREBY CERTIFY, That I attended deceased from November 26 1908 to Dec 5th 1908 that I last saw h er alive on Dec 5th 1908, and that death occurred, on the date stated above, at 7.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Duodenal Ulcer
chronic nephritis
Bronchopneumonia

2 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ernest X. Cullen M.D.

Address Johns Hopkins Hospital

Date December 5th 1908

Place of Burial Staunton Va.

Date Dec 6 1908

Undertaker Chas. L. Evans

Address 118 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C17657

Ward 24 C17657 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 2226 E. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Schlosberg

{ Residence, if in Baltimore, Give Street and Number. } 2226 E. Cross St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ~~W~~ White

DATE OF BIRTH Feb. 29, 1828

AGE 68 years, 9 months, 5 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED.~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. F. Button

(Address) 2222 E. Cross St

Filed 12/5 1908

ROBT. C. ADAMS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4, 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1908 to Dec. 4, 1908 that I last saw her alive on Dec. 3, 1908 and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate) Oedema of Lungs

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia (DURATION) 5 DAYS

(Signed) W. Edw. Magruder M.D.

Address 922 Madison Ave

Date Dec. 5, 1908. 190

Place of Burial Loudon Park Cem

Date Dec 7th 1908

Undertaker E. Schlosman & Son

Address 1039 Hanover st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C17658

Ward 6 C17658 Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 201, N. Luzerne st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice E Jackson

{Residence, if in Baltimore, Give Street and Number.} 201 N. Luzerne st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Aug. 29 1905

AGE: 3 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wm. B. Jackson

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Alice M. Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Paperhanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm B. Jackson

(Address) 201 N. Luzerne st

Filed 12/5 1908 HARRY O. ARMENTS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1908 to Dec 5 1908 that I last saw her alive on Dec. 5 1908, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) 1 DAYS

Contributory (Primary.) Diphtheria

(DURATION) 2 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date Dec. 5 1908

Place of Burial Oak Lawn Cemetery

Date Dec 6 1908

Undertaker Edward C Fuller

Address 221 N. Broadway

Funeral Dec 6" 10 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 Registered No. B C17659 166

C17659

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Physioc

{Residence, if in Baltimore, Give Street and Number.} 306 E. 25th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH May 3 1898

AGE 10 years, 7 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Robt C. Physioc

BIRTHPLACE OF FATHER (State or country) South Carolina

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo E. Harris

(Address) 204 W Fayette St

Filed 12/5 1908 HARRY O. ARDINS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1908 to Dec. 4th 1908 that I last saw h in alive on December 4 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Con'tributory (Primary.) × Penetrating wound

& abdomen (DURATION) 2 DAYS

(Signed) Geo E. Richards M.D.

Address University Hospital

Date December 4th 1908

Place of Burial Druid Ridge

Date Dec 6 1908

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

× Accidentally fell across paling fence. ass

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C17660

Ward 16 C17660 Registered No. B

113

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr Geo Hardisty

{Residence, if in Baltimore, Give Street and Number.} 914 N. Fulton Ave

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 30 1847

AGE 61 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Anna Arundel Co Md

FULL NAME OF FATHER Matthew Hardisty

BIRTHPLACE OF FATHER (State or country) A. A. Co. Md

MAIDEN NAME OF MOTHER Mary E. Gardner

BIRTHPLACE OF MOTHER (State or country) A. A. Co. Md

OCCUPATION OF DECEASED Insurance

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Av

Filed 12/5 1908

HARRY C. ARNESS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/4/1908

I HEREBY CERTIFY, That I attended deceased from 11/29/1908 to 12/4/1908 that I last saw h[illegible] alive on 12/4/1908, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.) Chole-lithiasis

(DURATION) 42 DAYS

(Signed) J. H. Bird M.D.

Address University Hospital

Date December 4 1908

Place of Burial West River A. A Co

Date Dec 7 1908

Undertaker Geo W Little

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17661

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C17661

106

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1336 W. Lafayette ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abraham H. Arnold.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	April 16 1891 (Month) (Day) (Year)
AGE	17 years, 7 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Henry J. Arnold
BIRTHPLACE OF FATHER (State or country)	Carroll Co. Md. "
MAIDEN NAME OF MOTHER	Mary A. Haines
BIRTHPLACE OF MOTHER (State or country)	Carroll Co. Md.
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J. Arnold

(Address) 1336 W. Lafayette ave

Filed Dec 5 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4 D. 1908.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Dec 3rd 1908, that I last saw him alive on Dec 3rd 1908, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Gastro Enteritis.
(Was complaining for a week prior to death and ill)

(DURATION) 4 DAYS

Contributory Cold, Constipation & Malaise, (DURATION) ..... DAYS

(Signed) John L. D. Bruzzi M. D.

Dec 4th 1908 (Address) 622 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Finksburg Carroll Co.	Dec. 6 1908.
UNDERTAKER	ADDRESS
E. W. Mitchell	1201 W. Fayette St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17662

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B C17662

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 N Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno. W. Dorsey

{Residence, if in Baltimore, Give Street and Number.} 407 N Charles St

Duration of Residence in Baltimore. 14 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 4th 1836

AGE: 72 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Elias Dorsey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elenora Dorsey

(Address) 407 N. Charles St

Filed Dec 5 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4th 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4th 11 1908 to Dec 4th 11 1908 that I last saw him alive on Dec 4th 11 1908 and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral hemorrhage

6 hrs. (DURATION) — DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) DAYS

(Signed) J. M. Chambers M.D.

Address 18 N Front Clifton Pk

Date Dec 6-11 1908

Place of Burial St Johns Ellicott City

Date December 6th 1908

Undertaker John B. Spence

Address 335 N. Carlton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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C17663

C17663

45

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 119 N Exeter St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sobba Grossman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white.

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 46 years, ... months, ... days

~~SINGLE~~, MARRIED, W~~I~~D, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Romania.

FULL NAME OF FATHER David Seiger.

BIRTHPLACE OF FATHER (State or country) Romania —

MAIDEN NAME OF MOTHER Sobba Seiger

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Grossman

(Address) 119 N Exeter

Filed Dec 5 1908 HARRY G. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Dec 4. 1908

that I last saw h.. er alive on Dec 4 1908

and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Sarcomatosis —

(DURATION) DAYS

Contributory Exhaustion.

(DURATION) DAYS

(Signed) Leon J Rosenthal M. D.

D.O.S. 1908 (Address) 1626 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Hebrew Hunting Rd | DATE OF BURIAL Dec 6, 1908

UNDERTAKER Myer Levin | ADDRESS 1620 Mt Ed

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17664

James B Maguire

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. C C17664

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James B. Maguire

Residence, Give Street and Number, 604 Gilmore St.

Duration of Residence in Baltimore, 2 mos

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH March 3rd 1839

AGE 69 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Hugh Maguire

BIRTHPLACE OF FATHER (State or county) Ireland.

MAIDEN NAME OF MOTHER Mary Shantry.

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Traveling Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John J Maguire

(Address) 604 N Gilmore St

Filed Dec 5. 1905 HARRY G. ARMAYS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 5 1905.

I HEREBY CERTIFY, That I attended deceased from Sept. 17 1905 to Dec. 5 1905 that I last saw him alive on Dec. 5 1905 and that death occurred, on the date stated above, at 1.40 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema Lungs

(DURATION) DAYS

Contributory (Primary) Cerebral Haemorrhage (DURATION) 4 DAYS

(Signed) Wm J Smith M. D.

Address City Hospital

Date Dec. 5 1905.

Place of Burial New Cathedral

Date Dec 7th 1905

Undertaker M. Falvey Sons

Address 606 W Lafayette av

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

2
880

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 X C17665

Registered No. C 8924 D

CERTIFICATE OF DEATH. C17665 H

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm Hutton.

Residence, Give Street and Number, Churchtown Md.

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black

DATE OF BIRTH: —— 1880

AGE: 28 years, —— months, —— days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Maryland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or county): "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md General Hospital

(Address) Madison & Linden Aves

Filed Dec 5. 1908 HARRY O. ARMIGER, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 4 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Dec 4 1908

that I last saw h-- alive on Dec 4 1908

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Shock & hemorrhage.

(DURATION) DAYS

Contributory (Primary) Sarcoma of rectum

(DURATION) DAYS

(Signed) S. H. Streett M. D.

Address Md Genl Hospital.

Date Dec 5 1908

Place of Burial Churchtown Md. Co. Md.

Date December 6th 1908

Undertaker Wm H Lauterbach

Address Park & Linden Aves.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 X

C17666

Registered No. B C17666

123.

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name R. Lee Walker.

{ Residence, if in Baltimore, Give Street and Number. } Lamont Va.

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 22 1877

AGE 31 years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Parkesley Va

FULL NAME OF FATHER Robt Wm Walker

BIRTHPLACE OF FATHER (State or country) Parkesley Va

MAIDEN NAME OF MOTHER Mary F Pinckston

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel C Walker

(Address) Salisbury Md

Filed 12/6 1908

BARRY C. ARNAWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/6/1908

I HEREBY CERTIFY, That I attended deceased from 8/29 1908 to 12/6 1908 that I last saw h.. alive on 12/6/ 1908 and that death occurred, on the date stated above, at 3.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Insanition.

(DURATION) 10 DAYS

Contributory (Primary.) Cystitis

(DURATION) 90 DAYS

(Signed) J. N. Bird M.D.

Address University Street

Date December 6 1908

Place of Burial Parkesley Accomac Co Va.

Date December 6 1908

Undertaker Jos I Crook

Address 1003 N Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17667 C17667

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 413 Milton Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Florence Saunald

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1875
(Month) (Day) Year)

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Stephen Murphy

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Emma Potts

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Mattress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jad Doch

(Address) 700 N. Lexington St

Filed 12/6 190 8

[illegible] C. ADAMS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Dec 2 1908

that I last saw h[illegible] alive on Dec 3 1908,

and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory Oedematous Condition ..... (DURATION) ..... DAYS

(Signed) John H Evans M. D.

Dec 5 1908 (Address) 101 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL Dec 6 1908

UNDERTAKER Geo. W. Riddlemoser

ADDRESS 515 D. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C17668 WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 Registered No. C C17668
166

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Univ Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name J. Wm Grams

Residence, Give Street and Number, 1436 Patapsco St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Stephen Grams

BIRTHPLACE OF FATHER (State or county) Balto Md

MAIDEN NAME OF MOTHER Ellen Barrett

BIRTHPLACE OF MOTHER (State or county) Balto. Md

OCCUPATION OF DECEASED Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Cousins

(Address) 435 Patapsco St

Filed 12/6 190 8 HARRY C. ARDAWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 5 190 5

I HEREBY CERTIFY, That I attended deceased from Dec 5 190 to Dec 5 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Crushed Pelvis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C J Martin M. D.

Address Corner

Date Dec 5 190 5

Place of Burial Cathedral Cemetery

Date Dec 5 190 5

Undertaker Cook Flanagan & Hagen

Address 422 West St

Remarks Was accidentally caught between the bumpers of two freight cars - 6.00

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C17669 — Registered No. B C17669

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 402 E 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgeana Roberson

{Residence, if in Baltimore, Give Street and Number.} 402 E 23rd St

Duration of Residence in Baltimore. 32

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 49 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Culpeper Co Va.

FULL NAME OF FATHER: Geo Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth Pugh

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gus Herman Roberson.

(Address) 402 E. 23rd St.

Filed 12/6 1908 HARRY C. ARDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to Dec 5 1908

that I last saw her alive on Dec 4 1908

and that death occurred, on the date stated above, at 4.25 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uterine Cancer

Blood poison

6 Months (DURATION) 8 DAYS

Contributory (Primary) Blood poison

6 Months (DURATION) 8 DAYS

(Signed) G W Bunnard M.D.

Address 708 Ensor St

Date Dec - 5 1908

Place of Burial Mt Auburn Cemetery

Date December 7th. 1908

Undertaker Felix E Dye.

Address 1120 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C1767.0 — Registered No. B C1767.0

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1132 Etting St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Olivia H. Smith.

{Residence, if in Baltimore, Give Street and Number.} 1132 Etting St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH Unknown 1 —

AGE about 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Joshua Harris.

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Annie Harris

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. A. R. Thomas

(Address) 1732 Etting St.

Filed 12/6 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC. 5. 1908

I HEREBY CERTIFY, That I attended deceased from Oct 28 1908 to DEC 5 1908 that I last saw her alive on Dec 3 1908, and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Senility Prematurity Prematurity

(DURATION) — DAYS

(Signed) Geo C Shannon M.D.

Address 700 N. Fulton Ave

Date Dec. 5. 1908

Place of Burial Laurel Cemetery

Date December 7th 1908

Undertaker Helin Bl'se.

Address 132 E Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17671

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

179

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17671

City of Baltimore, (No. 625, Gilbert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertrude B Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colrd

DATE OF BIRTH: ..... (Month) ..... (Day) 1908 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel S. Cole

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lizzie Marshall

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel S Cole

(Address) 625 Gilbert St

Filed 12/6 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 4th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1908 to Dec 4th 1908

that I last saw her alive on Dec 4th 1908,

and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Marasmus

several months (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) John F Mauger M. D.

Dec 5 1908 (Address) 1001 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 8 1908

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C17672 Registered No. B C17672

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1733 Canton ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Nowicki

{Residence, if in Baltimore, Give Street and Number.} 1733 Canton ave.

Duration of Residence in Baltimore. 15 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 43 years, m months, m days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Galicia Austria

FULL NAME OF FATHER Martin Nowicki

BIRTHPLACE OF FATHER (State or country) Galicia Austria

MAIDEN NAME OF MOTHER M. Lenora

BIRTHPLACE OF MOTHER (State or country) Galicia Austria

OCCUPATION OF DECEASED Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Nowicka

(Address) 1733 Canton Ave.

Filed 12/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 4 December 1908

I HEREBY CERTIFY, That I attended deceased from 10 November 1908 to 1 December 1908 that I last saw h[illegible] alive on 1 December 1908 and that death occurred, on the date stated above, at 8 p. m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonum

6 months (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) D. Joseph Abrams M.D.

Address 578 S. Broadway

Date 5 December 1908

Place of Burial Holy Rosary

Date December 6th. 1908

Undertaker Isaac Jackowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C17673 Registered No. B C17673

CERTIFICATE OF DEATH.

9 2

(Place of Death.) No. 25 E. Lee St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Montague Jones

{ Residence, if in Baltimore, Give Street and Number. } 25 E. Lee St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colard

DATE OF BIRTH Oct — 20th — 1907

AGE 1 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Alexander Jones

BIRTHPLACE OF FATHER (State or country) West Indies

MAIDEN NAME OF MOTHER Sarah E. Ligon

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Jones

(Address) 25 E. Lee St

Filed 12/6 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22nd 1908 to Dec 5th 1908 that I last saw h in alive on Dec 4th 1908, and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Elizabeth Hurdon M.D.

Address 1315 N. Charles St.

Date 190

Place of Burial Laurel Cemetery

Date Dec 7 1908

Undertaker Alex. H. Armstrong

Address 1518 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17674 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 Registered No. C 17674

CERTIFICATE OF DEATH.

9 V

(Place of Death.) No. #104 W. Randall St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thelma Hazel Evelyn Ernest

Residence, Give Street and Number, #104 W. Randall St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH July 7 1907

AGE 1 years, 16 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER George Ernest.

BIRTHPLACE OF FATHER (State or county) Germany.

MAIDEN NAME OF MOTHER Ollie Irene Ernst.

BIRTHPLACE OF MOTHER (State or county) Baltimore, Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Ernest

(Address) 104 W. Randall St.

Filed 12/6 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 4 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1908 to Dec. 4 1908

that I last saw her alive on Dec. 4 1908

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

4 hours. (DURATION) DAYS

Contributory (Primary) Broncho-pneumonia

(Probably) (DURATION) 7 DAYS

(Signed) Geo O Sharrett M. D.

Address 1636 Hanover St

Date December 4 1908

Place of Burial Mount Olivet

Date Dec 6th 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17675

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. C C17675

CERTIFICATE OF DEATH.

12⁰

(Place of Death.) No. 1933 E Biddle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mitchel B. Fields

Residence, Give Street and Number, 1933 E Biddle St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 5-5 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Mitchel B. Fields

BIRTHPLACE OF FATHER (State or county): Balto.

MAIDEN NAME OF MOTHER: Henrietta B. Fields

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm H. G. Fields

(Address) 1933 E Biddle St.

Filed 12/6 190 8

HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 5th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1. 1908 to Dec 5 1908

that I last saw him alive on Dec 4 1908

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia and Bronchial disease

(DURATION) DAYS

Contributory (Primary) Dropsy and Uremia

(DURATION) 4 DAYS

(Signed) H. J. Simms M. D.

Address 1028 N. Wolfe

Date Dec 5th 1908

Place of Burial Greenmount

Date Dec 7 190

Undertaker Wm Cook

Address 502 E Northlack

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17676

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C17676

Registered No. B .....

City of Baltimore, (No. 1319 N. Central Ave St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Harms

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 7 (Day) 1820 (Year)

AGE: 83 years, 2 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Harms

(Address) 1319 N. Central Ave

Filed 12/6 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 5 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 3 1908

that I last saw him alive on Dec 3 1908,

and that death occurred, on the date stated above, at 2. 45 A. M. The CAUSE OF DEATH was as follows:

Senile Degeneration

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) J. H. Robinson M. D.

Dec 5 1908 (Address) 726 E. Pleasant St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Dec 7 1908

UNDERTAKER: Wm Cook

ADDRESS: 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C17677 Registered No. B C17677

CERTIFICATE OF DEATH. 9r

(Place of Death.) No. Hebron Ave Bel Air St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rollie Cole

{ Residence, if in Baltimore, Give Street and Number. } 944 N. Chestnut

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ~~years~~ 17 months, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Cole

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Armstrong

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cole

(Address)

Filed 12/6 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1908

I HEREBY CERTIFY, That I attended deceased from 11/6/7 1908 to Dec 6 1908

that I last saw h es alive on Dec 6 1908.

and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate.)

2

Asthma

(DURATION) DAYS

Contributory (Primary.) Bronchi-Pneumonia

(DURATION) 14 DAYS

(Signed) Nelson Bagley M.D.

Address 1 E Lexington

Date Dec 6 1908

Place of Burial Baltimore Cemetery

Date Dec 7 1908

Undertaker Frank Brach & Son

Address 1904 Eastlan[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17678

13

HEALTH DEPARTMENT, CITY OF BALTIMORE:

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C17678

97

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 2434 Druid Hill Ave.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Rue Albert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 47 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jacob Lonsar

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Kirstin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Albert

(Address) 2434 Druid Hill

Filed Dec 6 1905 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 6 (Day) 1905 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 30 1905 to Dec 6 1905 that I last saw h[illegible] alive on Dec 5 1905, and that death occurred, on the date stated above, at 8 a M. The CAUSE OF DEATH was as follows:

Asthma & Cardiac Debility

(DURATION) 5 DAYS

Contributory Coma

(DURATION) 2 DAYS

(Signed) L. Frey M. D.

Dec 6 1905 (Address) 2466 N. Mad Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Hebrew Henry Rev

DATE OF BURIAL: Dec 6, 1905

UNDERTAKER: Max Lenin

ADDRESS: 162 N. McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17679

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. B C17679

114

CERTIFICATE OF DEATH.

(Place of Death.) No. 368 Forest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name

{Residence, if in Baltimore, Give Street and Number.} Mary Catherine Voyce 368 Forrest st.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1858 ~~1877~~

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: Thos McCusker

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Catherine McCusker

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard & Voyce

(Address) 368 Forrest St

Filed Dec 6 1908

HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4 1908

I HEREBY CERTIFY, That I attended deceased from Nov 29 1908 to Dec 4 1908

that I last saw h-r alive on Dec 4 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Abscess.

(DURATION) 30 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles St

Date Dec 5-08

Place of Burial Loudon Park

Date Monday. Dec 7 1908

Undertaker Jacob Aveno Co

Address 607 Madison ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17680

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C17680

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. House of the Good Shepherd St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence Comenda

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 15th (Day) 1887 (Year)

AGE: 21 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Ellen, Good Shepherd

(Address) Mount St Hollins Md

Filed Dec 6 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 6th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Dec 6th 1908 that I last saw her alive on Dec 1st 1908, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

About six Months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. J. Nicholson M. D.

1908 (Address) 115 N. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cem | DATE OF BURIAL: Dec 7 1908

UNDERTAKER: J. Talley Son | ADDRESS: 1132 Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C17681 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 Registered No. C 17681

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 600 N. Bruce St, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Johnson

Residence, Give Street and Number, 600 N. Bruce St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH Nov 30 1906

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER William Johnson

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Mollie Smith

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Johnson

(Address) 600 N. Bruce St

Filed 12/7 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 5 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION 2 weeks DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Bowerman M. D.

Address 700 N. Lafayette (Corner)

Date Dec 5 1908

Place of Burial Mount Auburn

Date Dec 7 1908

Undertaker A. J. Freeland

Address 106 N. Schroeder St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Dec 4

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C17682 — Registered No. B C17682

125

CERTIFICATE OF DEATH.

(Place of Death.) No. 903 North Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Hannah

{Residence, if in Baltimore, Give Street and Number.} 903 North Broadway.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 8, 1825

AGE: 83 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William Hannah

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. T. Robin

(Address) 903 N. Broadway

Filed 12/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23rd 1908 to Dec 5th 1908

that I last saw him alive on Dec 5th 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 4 DAYS

Contributory (Primary.) Pneumonia

Enlarged Prostate (DURATION) 12 DAYS

(Signed) Jas. B. Fugh M.D.

Address 830 N Broadway

Date Dec 6th 1908

Place of Burial Greenmount Cemetery

Date December 7 1908

Undertaker Henry W. Meas & Son

Address 805 W Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17683 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 27

Registered No. C C17683

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Claudine McGregor

Residence, Give Street and Number, 425 Conway St.

Duration of Residence in Baltimore, 4 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/7 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 4 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 20 1908 to Dec. 4 1908

that I last saw h[illegible] alive on Dec. 4 1908

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Tuberculosis Kidney

Tuberculosis (DURATION) DAYS

(Signed) Wm J Klintz M. D.

Address City Hospital

Date Dec. 4 1908.

BALTO. MEDICAL COLLEGE

Place of Burial

Date DEC 5 1908 1908

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

N 34

HEALTH DEPARTMENT, City of Baltimore.

Ward X

C17684 Registered No. B C17684

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Hebrew Hospital Bulto. and St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joe Mattalson

{Residence, if in Baltimore, Give Street and Number.} 612 E Lombard St

Duration of Residence in Baltimore. Three years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/1 1908

I HEREBY CERTIFY, That I attended deceased from 10/26 1908 to 12/1 1908 that I last saw h alive on 12/1 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary) Mitral and Aortic stenosis and regurgitation (DURATION) 3 years DAYS

(Signed) L. F. Steindler M.D.

Address Hebrew Hospital

Date 12/1 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 5 1908 190

Undertaker Commissioner Health.

Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

234

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

C17685

Registered No. C 17685

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 605 Roland Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jos L. Brooks.

Residence, Give Street and Number, Same.

Duration of Residence in Baltimore, 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	white

DATE OF BIRTH Jan. 25 1851

AGE 57 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED, Married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Jno Brooks

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Sarah A. Litzinger

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Measurer of Stoneware

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Agnes Brooks

(Address) 605 Roland Ave

Filed 12/7 1908

HARRY O. ANDREWS.
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 6 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or, Immediate,)

Organic Heart Disease

Suddenly (DURATION) DAYS

Contributory (Primary) Organic Heart D

(DURATION) DAYS

(Signed) Louis Litzinger M. D.

Address 1900 N. Charles

Date Dec 7 1908

Place of Burial St. Marys Hampden

Date Dec. 8- 1908

Undertaker Horace Burger

Address 2621 Falls Road

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE MARGIN. C17686 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. C C17686

CERTIFICATE OF DEATH.

(Place of Death.) No. house on the north side of B & P. R.R. in the annex near Stafford Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Kremer

Residence, Give Street and Number, Same as Place of Death

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH 1853

AGE 55 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Hungary

FULL NAME OF FATHER Joseph Kremer

BIRTHPLACE OF FATHER (State or county) Hungary

MAIDEN NAME OF MOTHER Anna Schmidt

BIRTHPLACE OF MOTHER (State or county) Hungary

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Kremer

(Address) same as Residence last named

Filed 12/7 1908 HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 5th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 23d 1908 to Dec. 5th 1908 that I last saw him alive on Dec 5th 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary oedema (DURATION) 14 DAYS

Contributory (Primary) Chronic interstitial nephritis (DURATION) 10 years ~~DAYS~~

(Signed) Skaw M. D.

Address 1510 E. Fort Ave

Date Dec. 6th 1908

Place of Burial St Peters ✓

Date Dec 8 " 1908

Undertaker H S Frank

Address 2113 N Pratt St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C17687 — Registered No. C C17687

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank A. Dotterweich

Residence, Give Street and Number, 426 N. Bond St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male — COLOR White

DATE OF BIRTH July 16" 1871

AGE 37 years, 4 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dollie W. Dotterweich

(Address) 426 N. Bond St.

Filed 12/7 1908 — HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 6, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1908 to Dec. 6, 1908

that I last saw him alive on Dec. 5 1908

and that death occurred, on the date stated above, at 3.20 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Hydraemia Fever

(DURATION) 12 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G B Hutton M. D.

Address 1711 E. Baltimore

Date Dec 6th 1908

Place of Burial Mt. Carmel Cemetery

Date December 9th 1908

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17688 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C 27

C17688

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Harris

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR B

DATE OF BIRTH — 1

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, BAY VIEW ASYLUM.

(Address)

Filed 12/7 190 8 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec - 6 - 190 8

I HEREBY CERTIFY, That I attended deceased from Nov 4 190 8 to Dec 6 190 8

that I last saw h im alive on Dec 6 190 8

and that death occurred, on the date stated above, at 5 45 a M. CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage & Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) R. J. Eaton M. D.

Address Bay View Hospital

Date Dec 6th 190 8

Place of Burial Sacred Heart

Date Dec. 7th 190 8

Undertaker Chas. F. Evans

Address 118 W. Mt. Royal Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C17689 — Registered No. B C17689

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1226 E. Madison St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Annie S. F. Stafford

{Residence, if in Baltimore, Give Street and Number.} 1226 E. Madison St.

Duration of Residence in Baltimore. All Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 12 1863

AGE: 45 years, 8 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Robert Moore

BIRTHPLACE OF FATHER (State or country): Emmitsburg Md

MAIDEN NAME OF MOTHER: Sarah A. Rice

BIRTHPLACE OF MOTHER (State or country): Balto, Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James T. Stafford

(Address) 1226 E. Madison

Filed 12/7 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 5th. 1908

I HEREBY CERTIFY, That I attended deceased from 10.45 a.m Dec 5th 1908 to 1.30 p.m Dec 5th 1908 that I last saw h[illegible] alive on Dec 5th 10.45 am 1908, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Was Hospital - with Left Hemiplegia

(DURATION) 4 hours

Contributory (Primary)

(DURATION) DAYS

(Signed) Wilmer Brinton M.D.

Address S.W. Cor Lexington & Arest wth

Date Dec 6th 1908

Place of Burial Green Mount Cty

Date December 8th 1908

Undertaker Howard Powell Co

Address 715 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C17690

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1216 W. Patterson ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Kullman

Residence, Give Street and Number, 1216 W. Patterson ave

Duration of Residence in Baltimore, 40 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR white

DATE OF BIRTH Aug 19th 1858

AGE 50 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Austria

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or county) Austria

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or county) Austria

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Kullman

(Address) 1216 W. Patterson ave

Filed 12/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 6th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1908 to Dec 6th 1908 that I last saw her alive on Nov 20th 1908 and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of Stomach

5 Months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) O O Stoner M. D.

Address 1501 E Eager Sh

Date Dec 6th 1908

Place of Burial St Peters Catholic Cemetery

Date Dec 8th 1908

Undertaker Geo. Weber

Address 1113 N. Carey st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 1 C17691 Registered No. C C17691

CERTIFICATE OF DEATH.

(Place of Death.) No. 1156. Pinkney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T Coughlin

Residence, Give Street and Number, 1156. Pinkney st

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Jamies Coughlin

BIRTHPLACE OF FATHER (State or county) Dont Know

MAIDEN NAME OF MOTHER Mary Coughlin

BIRTHPLACE OF MOTHER (State or county) Dont Know

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 W. Lombard

Filed 12/7 1905 HARRY C. ANDREWS Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 5 1905

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

(DURATION) ..... DAYS

Contributory (Primary) Rheumatism

(DURATION) ..... DAYS

(Signed) Hubert C Blake M. D.

Address 1614 W La Fayette

Date Dec 6. Coroner 1905

Place of Burial Westen

Date Dec 7th 1905

Undertaker John T Fields

Address 1200 W Lombard st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17692 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward \

Registered No. C C17692

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 S. Canton ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Bejma

Residence, Give Street and Number, 1218 S. Canton st

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: years, months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Stanislaus Bejma

BIRTHPLACE OF FATHER (State or county) German Poland

MAIDEN NAME OF MOTHER Mary Wicovick

BIRTHPLACE OF MOTHER (State or county) German Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Bejma

(Address) 1218 S. Canton St

Filed 12/7 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 6th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1908 to Dec 6th 1908

that I last saw him alive on Dec 5th 1908

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate,)

(DURATION) DAYS

Contributory (Primary) Mal Nutrition

(DURATION) 10 DAYS

(Signed) C A Alley M. D.

Address 3200 Hudson st

Date Dec 7th 1908

Place of Burial St Stanislaus.

Date Tuesday Dec 8th 1908

Undertaker M F Sadowski.

Address 703 S. Ann St

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THE CAUSE AND DATE OF DEATH.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C17693 Registered No. B C17693

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1525 Mc'Elderry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lawrence C. Beckett

{ Residence, if in Baltimore, Give Street and Number. } 1525 Mc Elderry St

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	colored
DATE OF BIRTH	Sept 18th 1908
AGE	——— years, 2 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	John T. Beckett
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Liana Beckett.
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Liana Beckett.

(Address) 1525 Mc Elderry

Filed 12/7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1908 to Dec. 6th 1908 that I last saw h[illegible] alive on [illegible] 1908, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Capillary) (DURATION) 4 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) F. C. Dacer M.D.

Address 1400 Jefferson

Date Dec 6th 1908

Place of Burial Laurel Cemetery

Date Dec 8th 1908

Undertaker Chas E Bailey

Address 1421 Jefferson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C17694 Registered No. B C17694 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 46 N. West St. (If Death occurred in Hospital or Institution give Its Name instead of Street and Number)

Full Name Caroline Mason

{Residence, if in Baltimore, Give Street and Number.} 46 N. West St

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	Dont know
AGE	65 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	A. A. Co Md
FULL NAME OF FATHER	Peter Lamon
BIRTHPLACE OF FATHER (State or country)	A A Co Md
MAIDEN NAME OF MOTHER	Elsie —
BIRTHPLACE OF MOTHER (State or country)	A A Co Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Mason daughter

(Address) 46 N. West St

Filed 12/7 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 6.30 P M.

CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Otto M. Reinhardt M.D.
Coroner

Address .....

Date Dec 7 1908

Place of Burial Jones Station A.A.Co Md

Date Dec 8 190..

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17695

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lottie Knollo

Residence, Give Street and Number, 734 Pierce St

Duration of Residence in Baltimore, 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: Black.

DATE OF BIRTH: ... 1 ...

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Va.

FULL NAME OF FATHER: Carr Hack

BIRTHPLACE OF FATHER (State or county): Va.

MAIDEN NAME OF MOTHER: Sarah Hack

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dinitha Mayor

(Address) 134 W. Hill St.

Filed 12/7 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 5 1908

I HEREBY CERTIFY, That I attended deceased from Nov 3 1908 to Dec 5 1908

that I last saw her alive on Dec 5 1908

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) ... DAYS

Contributory (Primary) Sarcoma of Pelvic viscera (DURATION) ... DAYS

(Signed) S. H. Streett M. D.

Address Md. Genl. Hospital

Date Dec 6 1908

Place of Burial Laurel Cemetery

Date December 8 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

Remarks Previous history & diagnosis of Mary Cantwell case verified by autopsy. Died of Exhaustion. A.D.S.

C17696

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17696

City of Baltimore, (No. 2110 N. Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna L. Stinds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: 5 (Month) 22 (Day) 1871 (Year)

AGE: 37 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: L. W. Andrews

BIRTHPLACE OF FATHER (State or country): Georgia

MAIDEN NAME OF MOTHER: Fannie O. Ogburn

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry T. Stinds

(Address) 2110 N. Charles St.

Filed 12/7 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1908 to Dec 6 1908 that I last saw h-r alive on Dec 6 1908, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Oedema & Cardiac failure

(DURATION) 1 DAYS

Contributory Mitral Stenosis

Pneumonia (DURATION) 365 DAYS

(Signed) C. Hilton Smith M. D.

Dec 7 1908 (Address) Professional Bldg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park. DATE OF BURIAL: Dec. 9. 1908.

UNDERTAKER: Geo. J. Smith Co. ADDRESS: 1900 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C17697 Registered No. B C17697

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 420 E. Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amos Reed.

{Residence, if in Baltimore, Give Street and Number.} 420 E. Chase St

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male. | COLOR white.

DATE OF BIRTH March 9. 1841

AGE 67 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ married.

BIRTHPLACE (State or country) York Co. Penn.

FULL NAME OF FATHER William Reed.

BIRTHPLACE OF FATHER (State or country) New York.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Engineer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs. Amos Reed.

(Address 420 E. Chase St.

Filed 12/7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday December 6th. 1908

I HEREBY CERTIFY, That I attended deceased from February 1908 to Dec. 6th. 1908 that I last saw him alive on Dec. 6th 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lung + Laryngeal Tuberculosis

(DURATION) 9 months DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) Wilmer Brinton, M.D.

Address S.W. Cor. Calvert + Preston 45

Date December 7th. 1908

Place of Burial Greenmount

Date Dec. 9. 08. 1908

Undertaker Geo. J. Smith & Co.

Address 1000 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C17698

CERTIFICATE OF DEATH.

(Place of Death.) No. 2714 Fairmount Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Showalter,

Residence, Give Street and Number, 2714 Fairmount Av

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH 1

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Showalter

(Address) 2714 Fairmount Av

Filed Dec 7 1908 HARRY C. ANDERSON Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 6 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 6 1908

that I last saw h~~e~~r alive on Dec 4 1908

and that death occurred, on the date stated above, at 2.10 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Embolism

(DURATION) 4 Hrs

Contributory (Primary) Endocarditis (DURATION) 30 DAYS

(Signed) Fred Lemmie M. D.

Address 2224 E Balto St

Date Dec 6 1908

Place of Burial Baltimore

Date Dec 8/908 1908

Undertaker Wm Cook

Address 305 E Fairmount

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17699

Ward 24

CERTIFICATE OF DEATH.

167

(Place of Death.) No. 81 Joseph Hasbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen L Johnson

Residence, Give Street and Number, 1241 Williams St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 4 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Henry Johnson

BIRTHPLACE OF FATHER (State or county) Holland

MAIDEN NAME OF MOTHER Elsie Peregoy

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L Johnson

(Address) 1241 Williams.

Filed Dec 7 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 6 190 8

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ~~alive~~ on 190

and that death occurred, on the date stated above, at 443 a M. CAUSE OF DEATH (Secondary or Immediate,)

Burns of body

(ace) (DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Fredk Cullen M. D.

Address Coroners Office

Date Dec 6 190 8

Place of Burial Loudon Park

Date Dec 8 1908. 190

Undertaker Wm Cook

Address 502 E. Fayette Av

Remarks Was left alone in room for a few minutes only, and when return of person this permit was issued A.D.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

C17700

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1138, N. Fulton Ave St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James A. Cochrane

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 3 1826 (Month) (Day) Year
AGE	82 years, 6 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Frd Co. Md
FULL NAME OF FATHER	John Cochran
BIRTHPLACE OF FATHER (State or country)	Frd Co. Md
MAIDEN NAME OF MOTHER	Mary Eury.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Elizabeth Stanforth

(Address) 1138 N. Fulton Ave

Filed Dec 7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1908 to Dec. 5 1908 that I last saw h[illegible] alive on " " 1908, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Endocarditis

(DURATION) — DAYS

Contributory Old age (DURATION) DAYS

(Signed) Chas. C. Conner M. D.

12/6 1908 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodville Prince Geage Co. Md.	Dec 8 1908
UNDERTAKER	ADDRESS
E. W. Mitchell	1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...01 HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — Registered No. B C17701

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 2408 Barclay St. (If Death Occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Dorothy Sweet

{Residence, if in Baltimore, Give Street and Number.} 2408 Barclay St

Duration of Residence in Baltimore. 7 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 29th 1908

AGE — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Leon M Sweet

BIRTHPLACE OF FATHER (State or country) Conn.

MAIDEN NAME OF MOTHER Perry

BIRTHPLACE OF MOTHER (State or country) Conn.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Walter R. Perry

(Address) 2408 Barclay St

Filed Dec 7 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 29 1908 to Dec 7 1908

that I last saw her alive on Dec 6th 1908

and that death occurred, on the date stated above, at 4.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 7 DAYS

Contributory (Primary.) Oedema of Brain (DURATION) 7 DAYS

(Signed) W. Ye Selby M.D.

Address 129 E. Pleasant St

Date Dec 7th 1908

Place of Burial New London Conn.

Date Dec. 8. 1908.

Undertaker E. M. Mitchell & Son

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B C17702

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1104 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joaquin Pupo

{Residence, if in Baltimore, Give Street and Number.} 1104 Pennsylvania Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Sept 23 1906
AGE	years, 2 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Joseph Pupo
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Josefina Lassi
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Centeno

(Address) 1104 Penna Ave

Filed Dec 7. 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5 1908 to Dec 7 1908

that I last saw h alive on Dec 7 1908

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate) Broncho Pneumonia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 1 S Broadway

Date Dec 7 1908

Place of Burial St Ignatius

Date Dec 1908

Undertaker J Shreve & Co

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore. C17703

Ward 15 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 N Dumont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Annie L. Smith

{ Residence, if in Baltimore, Give Street and Number. } 1401 Dumont St.

Duration of Residence in Baltimore. 23 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Middle Sex Co Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Nun

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed Dec 7. 1904 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 - 4 1904

I HEREBY CERTIFY, That I attended deceased from Nov. 26th 1904 to Dec. 4th 1904 that I last saw her alive on Dec 4th 1904, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (immediate)

(DURATION) ... DAYS

Contributory (Primary.) Tuberculosis

(DURATION) ... DAYS

(Signed) Mary Cook Willis M.D.

Address 816 Hanover St.

Date 12-5- 1904

Place of Burial West Lawn Park Middle Sex Co Va

Date December 8 1904

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C17704

C17704

CERTIFICATE OF DEATH.

(Place of Death.) No. 1503 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Johnson

{Residence, if in Baltimore, Give Street and Number.} 1503 Jefferson St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	colored

DATE OF BIRTH: March 2, 1847

AGE: 61 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas J. Johnson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Brown

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Brick layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) mrs. Johnson (wife)

(Address) 1503 Jefferson St

Filed 12/8 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1908 to Dec. 4, 1908

that I last saw him alive on Dec. 4, 1908,

and that death occurred, on the date stated above, at 4 am

M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion,

Primary: Stricture of the Esophagus.

(DURATION) DAYS

Contributory (Primary.) Stricture of the Esophagus, 8 months (DURATION) DAYS

(Signed) J. Edward Fisher M.D.

Address 410 Cinquette St.

Date December 5 1908

Place of Burial Asbury Cem

Date Dec 9 1908 ✓

Undertaker Alex Hensley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C17705 — Registered No. B C17705

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 705 Hopkins Ave St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Annie M. Dauenhauer

{Residence, if in Baltimore, Give Street and Number.} 705 Hopkins Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Philip Smith.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Annie Schuster.

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Dauenhauer

(Address) 705 Hopkins ave

Filed 12/8 1908 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Dec. 5 1908

that I last saw h[illegible] alive on Dec 5 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease Heart

2 wks (DURATION) DAYS

Contributory (Primary.) Cardiac Paralysis

(DURATION) DAYS

(Signed) Chas Green M.D.

Address 619 E Lat Park ave

Date Dec. 8 1908

Place of Burial Holy Redeemer

Date Dec 9 1908

Undertaker Wendell Dippel & Co

Address 3305 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C17706 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C 17706

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Webster St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roland Brooker.

Residence, Give Street and Number, 1512 Webster St.

Duration of Residence in Baltimore, all his life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male. COLOR: White.

DATE OF BIRTH: April 3/ 1

AGE: 1 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Child.

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Harry. Brooker.

BIRTHPLACE OF FATHER (State or county): Maryland.

MAIDEN NAME OF MOTHER: Emma Voigt.

BIRTHPLACE OF MOTHER (State or county): Berlin - Germany.

OCCUPATION OF DECEASED: Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Brooker

(Address) 1512 Webster St

Filed 12 8 1905 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec. 6th 1905.

I HEREBY CERTIFY, That I attended deceased from Dec. 5th. 1908 to Dec 6th 1908.

that I last saw him alive on Dec. 6th. 1908.

and that death occurred, on the date stated above, at 9 40 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions.

(DURATION) 2 DAYS

Contributory (Primary) Acute Indigestion

(DURATION) 2 DAYS

(Signed) Philip B. Towles. M. D.

Address 1514 Webster St.

Date Dec. 7th. 1905

Place of Burial Baltimore Cemetery.

Date Dec. 8th. 1908.

Undertaker Jno. Stonebeck.

Address 318 Light St.

Remarks: Family gives history of ingestion of Sauer Kraut on day preceding illness.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C17707 Registered No. B C17707

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 936 Chesapeake St. —— St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles [redacted] Ritzius

{ Residence, if in Baltimore, Give Street and Number. } 936 Chesapeake St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 4 1851

AGE: 57 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John C. Ritzius

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary L. Rohbock

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Machinist - Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie C. Ritzius

(Address) 936 Chesapeake St

Filed 12/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1908

I HEREBY CERTIFY, That I attended deceased from August 1907 to Dec 1908

that I last saw him alive on Dec. 4th 1908,

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia
with oedema
Myocardial degenerative

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis
Aneurism (DURATION) ? DAYS

(Signed) Gordon Wilson M.D.

Address 806 Cathedral St

Date Dec 7th 1908

Place of Burial Trinity Cemetery

Date Dec. 8 1909

Undertaker Wm. C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17708 Registered No. B ..... C17708 .....

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos Moore

{ Residence, if in Baltimore, Give Street and Number. } Baltimore, Md

Duration of Residence in Baltimore. 72 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/8 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th, 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6th 1908 to Dec 5th 1908 that I last saw h— alive on Dec 5th 1908, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Uremia

..... (DURATION) ..... DAYS

(Signed) Robt B Bay M.D.

Address University Hospital

Date Dec 7th, 1908. 190

Place of Burial COLLEGE OF P. & S

Date DEC 7 - 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C 17709 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 Smith St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. S Shaw

Residence, Give Street and Number, 626 Smith St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER Sadie Shaw

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Shaw

(Address) 626 Smith St.

Filed 12/8 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 5 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Richard Adkins M. D.

Address 700 N. Lafayette (Comm.)

Date Dec 5 1908.

Place of Burial COLLEGE OF P. & S

Date DEC 7 - 1908 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL.

Remarks

FOR STATISTICAL PURPOSES

237

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C17710 Registered No. B C17710

CERTIFICATE OF DEATH.

(Place of Death.) No. 142 North Kennard Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry A. Rickes

{Residence, if in Baltimore, Give Street and Number.} 142 North Kennard ave

Duration of Residence in Baltimore. Life time —

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 27th 1874
AGE	34 years, 5 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Rickes
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Sallie A. Hollingsworth
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie A. Rickes

(Address) Broadway & Canton Ave.

Filed 12/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1908 190

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Dec 5 1908 that I last saw h im alive on Dec 5 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

About 3 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. Bushnell M.D.

Address 1129 W. North ave

Date Dec 7 08 190

Place of Burial London Park Cemetery

Date Dec. 8th 1908

Undertaker H. Lander Sons.

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL F

Ward ..... C17711 Registered No. B C17711

93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkin Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isham Gaines

{ Residence, if in Baltimore, Give Street and Number. } 872 Tyson Street

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Isham Gaines

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Harriet Gaines

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Smith

(Address) 1420 Block st

Filed 12/8 1908 HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5" 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4" 1908 to Dec 5" 1908 that I last saw h~~im~~ alive on Dec 5" 1908, and that death occurred, on the date stated above, at 440 a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkin Hospital

Date Dec 1908

Place of Burial MD Grace ✓

Date Dec 8 1908

Undertaker John W Henderson

Address 31 N Carolina st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C17712 Registered No. B C17712

CERTIFICATE OF DEATH.

(Place of Death.) No. 763 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Marie Jubb

{ Residence, if in Baltimore, Give Street and Number. } 763 W. Fayette St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: Wh

DATE OF BIRTH: Dec. 25 1886

AGE: 21 years, 11 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wilbur W. Jubb

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Agnes T. Hoffman

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Sales-Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Dietz

(Address) 622 N. Carey St

Filed 12/8 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1907 to Dec. 6 1908 that I last saw her alive on Dec. 6 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ? DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Dec. 6, 1908

Place of Burial New Cathedral Cemetery

Date Dec 9/08 1908

Undertaker H. L. Manning & Son

Address 5. Pl. Population St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C17713 Registered No. B C17713

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Nelson Soper

{ Residence, if in Baltimore, Give Street and Number. } Aged Mens Home

Duration of Residence in Baltimore. 1 Yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 2nd 1818

AGE 90 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER Dr. Ignacious Soper

BIRTHPLACE OF FATHER (State or country) /

MAIDEN NAME OF MOTHER /

BIRTHPLACE OF MOTHER (State or country) /

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver C. Somers

(Address) 1400 W. Lexington St

Filed 12/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Dec 6 1908

that I last saw h-er alive on Dec 6 1908,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) T. L. Howard M.D.

Address 939 W Fayette St

Date Dec 6 1908

Place of Burial Hyattstown Monevoy Co Md Cemetery

Date Dec 8 1908

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17714 Registered No. B C17714

CERTIFICATE OF DEATH.

108

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Grauling

{ Residence, if in Baltimore, Give Street and Number. } 2533 East Fait Ave

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1 .....

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Grauling

(Address) 2533 Fait Ave

Filed 12/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 22 1908 to Dec 7" 1908

that I last saw her alive on Dec 7" 1908,

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Intermediate)

Str angulated femoral Hernia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W W Gatch M.D.

Address Johns Hopkins Hospital

Date Dec 7" 1908

Place of Burial Mt. Carmel.

Date Dec 9/08 1908

Undertaker Wm Cook

Address 2533 Fait Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17715

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Forrest Place St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary A. Kelleher

Residence, Give Street and Number, 1123 Forrest Place

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Oct 12th 1861

AGE 47 years, 1 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Thomas Gunning

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Catherine Coleman

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1123 Forrest Place

Filed 12/8 1905

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 7 1905

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1905 to Dec 7 1905

that I last saw her alive on Dec. 6 1905

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Fatty degeneration of heart

Hypertrophic Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary) acute

Bronchitis (DURATION) DAYS

(Signed) James M Fenton M. D.

Address 1701 E Clay St

Date December 8 1905

Place of Burial Cathedral

Date December 9, 1905

Undertaker H. C. Wickfield

Address 914 Greenmount Ave

Remarks

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C C17716

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1801 White St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Boone

Residence, Give Street and Number, 1801 White St

Duration of Residence in Baltimore, 58 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH 1849

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER Annie Saunders

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Smith

(Address) 1801 White st

Filed 12/8 1902

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 7th 1902

I HEREBY CERTIFY, That I attended deceased from Nov 1902 to Dec 7 1902

that I last saw her alive on Dec 7 1902

and that death occurred, on the date stated above, at 11.45 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Asthma - Heart

Apoplexy contributory

(DURATION) 45 DAYS

Contributory (Primary) Apoplexy

(DURATION) 45 DAYS

(Signed) J. W. Kennard M. D.

Address 738 Eutaw St.

Date Dec 7th 1902

Place of Burial Mt Auburn Cemetery

Date December 10th 1902

Undertaker Felix B. Pope

Address 1126 Mulberry st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THIS IS A PERMANENT RECORD.

Ward 12

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17717

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 Belt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Giles Patterson

Residence, Give Street and Number, 16 Belt St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, 11 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: Giles Patterson

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Giles Patterson

(Address) 16 Belt St.

Filed 12/8 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 6 1908

I HEREBY CERTIFY, That I attended deceased from 18th Dec 1908 to Dec 6 1908

that I last saw h alive on Dec 5 1908

and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Primary Asthma or Exhaustion.

(DURATION) 8d 10 DAYS

Contributory (Primary) General Miliary Tuberculosis

(DURATION) 60 DAYS

(Signed) Chas. Von Bibber M. D.

Address Guilford Ave 21st

Date Dec 6 1908

Place of Burial Laurel Cemeteries

Date Dec 8th 1908

Undertaker Geby & Pue

Address 102 E Mulberry st.

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THE PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C17718 Registered No. B C17718

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 326 Girard av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth M Smith

{Residence, if in Baltimore, Give Street and Number.} 326 Girard av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH 1

AGE 33 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Carr

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Kate Sullivan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Donovan

(Address) 317 Girard av

Filed 12/8 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov 30 1908 to Dec 7 1908 that I last saw her alive on Dec 7 1908, and that death occurred, on the date stated above, at 2.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia 8 days
duration
Pregnancy
at full term Labor 4 days (DURATION) DAYS
ago normal
Contributory (Primary.)
Pneumonia cause of death (DURATION) DAYS

(Signed) C. W. McClintock M.D.

Address 854 N. Lombard St

Date Dec 8. 1908

Place of Burial Cathedral cemetery

Date Dec 10th 1908

Undertaker John F Cowan

Address 904 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17719 Registered No. B

CERTIFICATE OF DEATH

C17719
40

(Place of Death.) No. 1818 Wilkens Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oscar T. Wirsing

{ Residence, if in Baltimore, Give Street and Number. } 25 years

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug. 13 1839

AGE: 69 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Wirsing

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magdalena Knauf

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredericka Wirsing

(Address) 1818 Wilkins ave

Filed 12/8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December, 6th 1908

I HEREBY CERTIFY, That I attended deceased from October 10 1908 to Decbr. 6 1908 that I last saw him alive on Decbr. 6 1908, and that death occurred, on the date stated above, at 7 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suffered from Carcinoma of Stomach for a number of months with its sequelae and (DURATION) DAYS

Contributory (Primary.) passed away of Inanition et (DURATION) DAYS

(Signed) H. Veldrich M.D.

Address 2151 Wilkens Ave.

Date December 7th 1908

Place of Burial Loudan Park

Date Dec. 8th 1908

Undertaker Mrs. Geo P. Pagulus.

Address 2001 Frederick ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C17720 Registered No. C 17720

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 519 N Bond St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Melverna Saint

Residence, Give Street and Number, 519 N Bond St

Duration of Residence in Baltimore, 14 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR B.

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or county) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Darius M. Johns

(Address) 907 N. Vincent St. Balto, Md.

Filed 12/8 1908

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 4 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 4 30 M. CAUSE OF DEATH (Secondary or Immediate,)

Ac Nephritis,

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Louis L Cantler M. D.

Address Cor Lanvale & Cal

Date Dec 4 — 08 190

Place of Burial Laurel Cemetery

Date Dec 8th 1908

Undertaker Chas G. Bailey

Address 1421 Jefferson St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ____ Registered No. C C17721

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hamilton C. Hartt

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH —

AGE 60 years, — months, — days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Henry A Hartt

BIRTHPLACE OF FATHER (State or county) Kent Co Md

MAIDEN NAME OF MOTHER Rebecca Barclay

BIRTHPLACE OF MOTHER (State or county) Yorktown Va

OCCUPATION OF DECEASED Farmer Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lamar McCarty

(Address) 916 Harlem Ave

Filed 12/8 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1905 to Dec 7 1908 that I last saw h in alive on Dec 7 1908 and that death occurred, on the date stated above, at 6 45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Heart disease

(DURATION) DAYS

(Signed) H H Baker M. D.

Address Bay View Hospital

Date Dec 7 1908

Place of Burial London Park Cem

Date Dec 9 1908

Undertaker McGinnis & Carroll

Address 1227 Mulliken St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

Registered No. C 17722

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1145 N. Carey St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Cook

Residence, Give Street and Number, 1145½ N Carey st

Duration of Residence in Baltimore, 50 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Nov 9 1833

AGE 75 years, ... months, ... days

75

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Andrew Meiser

BIRTHPLACE OF FATHER (State or couuty) Germany

MAIDEN NAME OF MOTHER Dorothea

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Cook

(Address) 1733 Gilford ave

Filed 12/8 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 6 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Dec 6 1908

that I last saw h[illegible] alive on Dec 6 1908

and that death occurred, on the date stated above, at 1040 a M.

CAUSE OF DEATH (Secondary or Immediate,)

Gastric carcinoma

3 months (DURATION) ..... DAYS

Contributory (Primary) Hellsores

..... (DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address 1302 W Lombard

Date Dec 8 1908

Place of Burial Baltimore Cemetery

Date Dec 9 1908

Undertaker Geo. Weber

Address 1155 N. Carey st

Remarks .....

Ward 12 C17723 Registered No. B C17723

CERTIFICATE OF DEATH.

(Place of Death.) No. 2402 Callow Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Simon Baer

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Daniel Baer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Baer

(Address) 2402 Callow Ave

Filed 12/8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 7 1908 that I last saw h[illegible] alive on Dec 7 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

(DURATION) 3 months DAYS

Con'ributory (Primary.) Cerebral Hemorrhage

(DURATION) 7 DAYS

(Signed) Isaac Friedman M.D.

Address 1013 N Charles St

Date Dec 8 1908

Place of Burial Hebrew Friendship

Date Dec 9th 1908

Undertaker David A Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 617724 — Registered No. 617724

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 723 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick C. Moehle

{Residence, if in Baltimore, Give Street and Number.} 723 Hanover St

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Jan 31 1835

AGE 73 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob Moehle

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmina Lampe

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED watch-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Moehle (wife)

(Address) 723 Hanover St.

Filed 12/8 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1908

I HEREBY CERTIFY, That I attended deceased from July 23 1908 to Dec 7 1908 that I last saw him alive on Dec 6 1908, and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs

(DURATION) 6 Mos

Contributory (Primary.) Asthma.

(DURATION) DAYS

(Signed) C P Strauss M.D.

Address 1606 Light St

Date Dec 8 1908

Place of Burial London Park

Date Dec 10 1908

Undertaker F A Krause & Bro

Address 703 Hanover St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 X

Registered No. B

113
C17725

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William T. Dunton

{Residence, if in Baltimore, Give Street and Number.} Nassawadox, Va.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E Hughes

(Address) 7 S Broady

Filed 12/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1908 to Dec 8 1908 that I last saw him alive on Dec 8 1908 and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Embolism

(DURATION) 20 min. ~~DAYS~~

Con'tributory (Primary.) Cholelithotomy (Operation Dec 2-08) (DURATION) DAYS

(Signed) J Herbert Bates M.D.

Address Church Home & Infirmary

Date December 8 1908

Place of Burial Nassawadox Va.

Date Dec 10th 1908

Undertaker H E Hughes

Address 7 S Broady

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17726

Ward 22 C17726 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 144 W. Hill - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Edw. Mortimer Jr.

{ Residence, if in Baltimore, Give Street and Number. } 144 W Hill St.

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: May 12th 1906

AGE: 2 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md -

FULL NAME OF FATHER: Geo. Edw. Mortimer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elizabeth Kammer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E. Mortimer

(Address) 144 W. Hill st

Filed 12/8 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1908 to Dec. 8 1908 that I last saw him alive on Dec. 8 1908 and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Diptheria -

(DURATION) 2 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 10 hrs DAYS

(Signed) Frank C. Ferguson M.D.

Address 1006 S Sharp St.

Date 12/8/08 1908

Place of Burial Western Cem

Date Dec 9th 1908

Undertaker E Schlosser & Son

Address 1039 Hanover st

10 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C 17127 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1523 Denver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A Moyer

Residence, Give Street and Number, 1523 Denver St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH: Dec 27 1901

AGE: 6 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Geo A Moyer

BIRTHPLACE OF FATHER (State or county): Balto Md

MAIDEN NAME OF MOTHER: Margaret Stickfus

BIRTHPLACE OF MOTHER (State or county): Balto Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo A Moyer

(Address) 1523 Denver St.

Filed Dec 8 1905 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 7 1905

I HEREBY CERTIFY, That I attended deceased from Dec 2 1905 to Dec 6 1905

that I last saw her alive on Dec 6 1905

and that death occurred, on the date stated above, at 8:00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Croupous Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) Heart failure

(DURATION) 1 DAYS

(Signed) Jas. E Mace M. D.

Address 556 Cumberland

Date Dec 7 1905

Place of Burial Cathedral Cemetery

Date Dec 9 1905

Undertaker D and M.G. Flynn

Address 428 West St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C 17728

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1331 N. Carey St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Griffin

Residence, Give Street and Number, 1331 N. Carey St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	Colored

DATE OF BIRTH 1

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Chas Griffin

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Damiel Griffin

(Address) 1331 N. Carey St

Filed 12/9 190 8

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 8 190 8.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Invanition

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Silas Bowdrin M. D.

Address 700 N. Lafayette (Cemetery)

Date Dec 8 190 8.

Place of Burial St Johns

Date Dec 9 190 8

Undertaker Wm. J. Johnson

Address 614 E. Baker st

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. C 017729

CERTIFICATE OF DEATH.

82

(Place of Death.) No. 202 Poppleton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John P. Moriarty

Residence, Give Street and Number, 202 S. Poppleton St.

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M.
COLOR	W.
DATE OF BIRTH	— 1892
AGE	16 years, 11 months, — days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single.
BIRTHPLACE (State or county)	Balto. Md.
FULL NAME OF FATHER	Joseph B. Moriarty
BIRTHPLACE OF FATHER (State or county)	Va
MAIDEN NAME OF MOTHER	Winifred Murphy
BIRTHPLACE OF MOTHER (State or county)	Balto Md
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J B Moriarty

(Address) 202 S Poppleton

Filed 12/9 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 7. 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 3 — 1908 to Dec. 7. 1908

that I last saw him alive on Dec. 7. 1908.

and that death occurred, on the date stated above, at 6.30A M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Weakness.

(DURATION) 2. DAYS

Contributory (Primary) Blood. clot in brain (DURATION) three hrs. DAYS

(Signed) A Dorsett M. D.

Address 26 S. Poppleton St

Date Dec. 8 1908

Place of Burial ~~Catholic Cemetery~~ St Peters cemetery

Date Dec 10th 1908

Undertaker John F. O'Brien

Address 901 Hollins St

Remarks This Complication is an embolic infarction of the brain. P. S. Martin.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death*** of the person deceased.

C17730

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

C17730

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1029, Carrollton Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgiana Kohlenberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 19 (Day) 1846 (Year)

AGE: 62 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: Robert Anderson

BIRTHPLACE OF FATHER (State or country): Frederick Co. Md.

MAIDEN NAME OF MOTHER: Mary Ann Kilbach

BIRTHPLACE OF MOTHER (State or country): Frederick Co. Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Kohlenberg

(Address) 1029 N Carrollton Ave

Filed 12/9 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 7 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1904 to Dec. 7 1908

that I last saw h[illegible] alive on Dec. 7 1908,

and that death occurred, on the date stated above, at 2 a. M. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

3 years (DURATION) ..... DAYS

Contributory Uraemia Coma

(DURATION) 7 DAYS

(Signed) J. H. Cannon M. D.

Dec 7 1908 (Address) 401 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 9 1908

UNDERTAKER: Jos B Cook

ADDRESS: 1003 N Bal[illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17731

HEALTH DEPARTMENT, City of Baltimore.

C17731

Ward 21

Registered No. C 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Columbia ave 1200 block E. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Franklin

Residence, Give Street and Number, 1248 Columbia ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 30 1906

AGE: 2 years, 10 months, 7 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR DIVORCED.

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: James B Franklin

BIRTHPLACE OF FATHER (State or county): Balto Md

MAIDEN NAME OF MOTHER: Sadie C Brooks

BIRTHPLACE OF MOTHER (State or county): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ~~BELIEF~~.

(Informant) James B Franklin

(Address) 1248 Columbia ave

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 7 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Fractured skull caused by being struck by electric car

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Herbert C Blake M. D.

Address 1014 W La Fayette

Date Dec. 8. Coroner 1908

Place of Burial London Park

Date Dec 10, 1908

Undertaker Joseph B Cook

Address 100 E Balto St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C17732 Registered No. B C17732

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 101 S. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raphael Levine

{ Residence, if in Baltimore, Give Street and Number. } 101 S. Exeter St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	unknown / 1
AGE	50 years, ___ months, ___ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Jacob Levine
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Levine

(Address) 101 S. Exeter St.

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 6th 1908 to Dec. 8th 1908 that I last saw h alive on 1 8th 1908 and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 year

(Signed) M. M. Savage M.D.

Address 1121 E. Baltimore St

Date Dec. 8th 1908

Place of Burial Hebrew Hunting Run

Date Dec 9, 1908

Undertaker M. Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C17733

28

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gill

{ Residence, if in Baltimore, Give Street and Number. } 2035 Keyser Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	5 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Gill

(Address) 2035 Keyser St

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7" 1908 to Dec 8" 1908 that I last saw h alive on Dec 8" 1908, and that death occurred, on the date stated above, at 1150 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous meningitis

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) DAYS

(Signed) P. S. Colough M.D.

Address John Hopkin Hospital

Date Dec 8 1908

Place of Burial Baltimore Cemetery

Date Dec. 11 1908

Undertaker Von Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN C17734 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C ~~C17753~~ C17734

61

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Hopkins

Residence, Give Street and Number, 208 Bath St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX male

COLOR white

DATE OF BIRTH July 6 1908

AGE ~~years~~ 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. single.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Geo A Hopkins

BIRTHPLACE OF FATHER (State or county) Hartford Co

MAIDEN NAME OF MOTHER Bedia Dukes

BIRTHPLACE OF MOTHER (State or county) Southern Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Hopkins

(Address) 208 Bath St

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 7 1908 to Dec. 8 1908

that I last saw him alive on Dec 8 1908

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Extenuation.

(DURATION) DAYS

Contributory (Primary) Meningitis

(DURATION) DAYS

(Signed) Wm Elmer M. D.

Address City Hospital

Date Dec 8 1908

Place of Burial Mt Carmel Cemetery

Date Dec. 10 1908

Undertaker Wm Booth

Address 502 E North ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ____ Registered No. C 17735

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Brooks

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F.	COLOR: B.
DATE OF BIRTH: —	
AGE: 16 years, — months, — days	
SINGLE, MARRIED, WIDOWED OR DIVORCED: S.	
BIRTHPLACE (State or county): Md.	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or county): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or county): —	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 7th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Dec 7 1908

that I last saw her alive on Dec 7 1908

and that death occurred, on the date stated above, at 5.20 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Epithelioma —

(DURATION) DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) DAYS

(Signed) H. R. Baker M. D.

Address Bay View Asylum

Date Dec 9 1908

Place of Burial Laurel Cemetery

Date Dec 8 1908

Undertaker R. A. Gilbert

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C17736 Registered No. B C17736

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Harmony La St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Scintues

{ Residence, if in Baltimore, Give Street and Number. } 1108 Harmony La

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Geo Scintues

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lizzie Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Johnson

(Address) 1108 Harmony La

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to Dec 6 1908 that I last saw h alive on Dec 6 1908, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary
& Intestinal
Tuberculosis

6 mos (DURATION) DAYS

Contributory (Primary.) Appendicitis

2 yrs (DURATION) DAYS

(Signed) D Norwood M.D.

Address 139 W Fayette

Date Dec 6 1908

Place of Burial Mount Auburn

Date Dec 9 1908

Undertaker Alfred J Freebourn

Address 106 N Schroder St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17737 Registered No. B C17737

CERTIFICATE OF DEATH.

BC17737 93

(Place of Death.) No. 1032 Vine St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Estelle Hardiman

{Residence, if in Baltimore, Give Street and Number.} 1032 Vine St.

Duration of Residence in Baltimore. Lifetime - 3 yrs. 3 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Aug 10- 1905

AGE 3 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City.

FULL NAME OF FATHER Thomas Hardiman

BIRTHPLACE OF FATHER (State or country) Calvert Co - Md.

MAIDEN NAME OF MOTHER Sarah Anderson

BIRTHPLACE OF MOTHER (State or country) Balto City.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Hardiman his mark

(Address) 1032 Vine St.

Filed 12/9 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec 7 1908

that I last saw her alive on Dec 7 1908

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia.

(DURATION) 7 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) C. V. Munoz M.D.

Address 1801 Guilford Ave

Date 12/8 1908

Place of Burial Mt. Auburn Cemetery

Date December 10th 1908

Undertaker Felix B. Nye.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 017738

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Jordan Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie S Sharps

Residence, Give Street and Number, 1007 Jordan Alley

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, / months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Henry Sharps

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Alice Sharps

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Sharps

(Address) 1007 Jordan Alley

Filed 12/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 7 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or immediate,)

.....

.....

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION), ... DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Lafayette Ave (Coroner

Date Dec 8. 1908

Place of Burial Mt. Auburn Cemetery

Date Dec. 9th 1908

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St.

Remarks .....

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. C 17739

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Thomas.

Residence, Give Street and Number, 1007 Reynolds Court.

Duration of Residence in Baltimore, 3 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: ~~black~~ Col.

DATE OF BIRTH: 1

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 6 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1908 to Dec. 6 1908

that I last saw him alive on Dec. 6 1908

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure.

(DURATION) DAYS

Contributory (Primary) Aortic regurgitation

(DURATION) DAYS

(Signed) Wm. Schmitz M. D.

Address City Hospital

Date Dec. 6 1908.

JOHNS HOPKINS HOSPITAL DEC 8 1908

Place of Burial .....

Date DEC 8 1908 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C17740

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17740

City of Baltimore, (No. 66 Garrison Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa C. Fischer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August (Month) 25th (Day) 1908 (Year)

AGE: 64 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): ~~Germany~~ New York

FULL NAME OF FATHER: Charles Fischer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sibilla Senft

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotta Marr

(Address) 2556 W. Lombard St.

Filed 12/9 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 7th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1908 to Dec 6th 1908

that I last saw her alive on Dec 6th 1908,

and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Uremia

(DURATION) DAYS

Contributory Paralysis

(DURATION) DAYS

(Signed) A Zimmerman M.D.

Dec 7 1908 (Address) 1805 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Dec. 9 1908

UNDERTAKER: E M Mitchell | ADDRESS: 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C17741 Registered No. B C17741

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Epstein, Bessie.

{ Residence, if in Baltimore, Give Street and Number. } 1600 Mulligan st.

Duration of Residence in Baltimore. 6 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White.

DATE OF BIRTH: 1

AGE: 26 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Ellia Katz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa Shufel

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Epstein

(Address) 1600 Mulligan st

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 8, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1908 to Dec. 8, 1908 that I last saw her alive on Dec 8, 1908, and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broken heart compensation, resulting from Mitral Stenosis.

(DURATION) 1 DAYS

Contributory (Primary.) ___

(DURATION) ___ DAYS

(Signed) Joseph T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date Dec. 8, 1908

Place of Burial Hebrew Roardale Cemetery

Date Dec 9, 1908

Undertaker Max Levinson

Address 1620 N. Eden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 15

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 017742

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1802 Payson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marian Hartogensis

Residence, Give Street and Number, 1802 N Payson St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: October 16th 1896

AGE: 12 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore, Md.

FULL NAME OF FATHER: Moses Hartogensis

BIRTHPLACE OF FATHER (State or county): Baltimore, Md

MAIDEN NAME OF MOTHER: Rosina Abrams

BIRTHPLACE OF MOTHER (State or county): Birmingham, England.

OCCUPATION OF DECEASED: attended school

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bernstein.

(Address) 1802 N. Payson St.

Filed 12/9 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 8th 1908

I HEREBY CERTIFY, That I attended deceased from May 22 1908 to December 8 1908 that I last saw her alive on December 8 1908 and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Myocarditis Chronic

6 Months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Gust. Grenschau M. D.

Address 1607 Linden Ave.

Date December 9 1908

Place of Burial Bath. Hebrew.

Date Dec 9 1908

Undertaker J. Ahrens & Co.

Address 1607 Madison Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SEC. 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward [redacted]

Registered No. C 17743

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 2214 Mederia Court St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Otto

Residence, Give Street and Number, 2214 Mederia Court

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: September 14th 1908

AGE: ..... years, 2 months, 24 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Oscar Otto

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Jennie Hammell

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar Otto

(Address) 2214 Mederia Court

Filed 12/9 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec. 8, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2, 1908 to Dec. 8, 1908

that I last saw her alive on Dec. 8 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Bilsoptism + Shock

(DURATION) 6 DAYS

Contributory (Primary) Bleeding of Body (DURATION) — DAYS

(Signed) Geo Heller M. D.

Address 1937 Gough St

Date Dec. 8 1908

Place of Burial Baltimore City

Date December 9th 1908

Undertaker Steward H Mowen Co

Address 215 Park Ave

Remarks .....

Ward 5 C17744 Registered No. C17744

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 S Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilly Louisa Brougham

{Residence, if in Baltimore, Give Street and Number.} 239 S Eden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Aug 26 1878

AGE 30 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Isaac Brougham

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Rosanna Madison

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosanna Brougham

(Address) 239 S Eden St.

Filed 12/9 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1907 to Dec 8th 1908

that I last saw h alive on Dec 8th 1908,

and that death occurred, on the date stated above, at 8.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) DAYS

Contributory (Primary.) Cardiac Failure (DURATION) DAYS

(Signed) Robt. S. Kirk M.D.

Address 1610 E. Baltimore St.

Date Balto. Dec. 8th 1908

Place of Burial Baltimore. CEMETERY.

Date Dec 11" 1908

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 017745

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 2923 ~~Bernard~~ Vernon St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Florence Valentine

Residence, Give Street and Number, 2923 Vernon

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Sept. 17 1908

AGE ~~years~~, 2 months, 21 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Harry Valentine

BIRTHPLACE OF FATHER (State or county) Penna.

MAIDEN NAME OF MOTHER Katie Pfeifer

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Valentine

(Address) 2923 Bernard St

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 9th 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec. 9~~ Nov. 30 1908 to Dec. 9 1908 that I last saw h e alive on ~~Dec. 9~~ Nov. 30 1908 and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Bronchitis

~~(DURATION)~~ ~~DAYS~~

Contributory (Primary) Asthenia

~~(DURATION)~~ ~~DAYS~~

(Signed) R. A. Wagner M. D.

Address 1913 N. Longwood

Date Dec. 9th 1908

Place of Burial Mt. Olivet Cemetery

Date Dec 11 1908

Undertaker Wm. J. Holmes & Sons

Address Camden & Pacific Sts

Remarks

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C17746 Registered No. B C17746

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Moses N. Cone

{Residence, if in Baltimore, Give Street and Number.} Blowing Rock N. C.

Duration of Residence in Baltimore. 1 month

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: June 30 1857

AGE: 51 years, five months, eight days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Tennessee

FULL NAME OF FATHER: Herman Cone

BIRTHPLACE OF FATHER (State or country): Altenstadt - Bavaria Germany

MAIDEN NAME OF MOTHER: Helen Guggenheimer

BIRTHPLACE OF MOTHER (State or country): Hirben. Germany

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr S Cone

(Address) 2326 Eutaw Place

Filed

190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1908 to Dec 8 1908 that I last saw him alive on Dec 8, 1908, and that death occurred, on the date stated above, at 5:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute oedema of the lungs

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Nephritis

Arteriosclerosis (DURATION) Several ~~DAYS~~ Yrs.

(Signed) Ernest K. Cullen M.D.

Address J. H. Hospital

Date December 8 1908

Place of Burial Lenoir N. C.

Date Dec 9th 1908

Undertaker Hand Sondheim

Address 927 Madison Ave

Remove to 1601 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. C 017747

174

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 N. Eutaw St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Mansfield

Residence, Give Street and Number, 524 N. Eutaw St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH 1

AGE 55 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bishop

(Address) 524 N. Eutaw St

Filed 12/9 190 8

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 7 190 8

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7:15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Asphyxia by Gas (accidental)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Louis Mansfield M. D.

Address Coroner

Date Dec 7 08 190

Place of Burial Baltimore Cemetery

Date Dec 10 190 8

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY,

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL IN THE CAUSE AND DATE OF DEATH.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

C17748

Registered No. C C17748

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2432 Belmont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Gibson.

Residence, Give Street and Number, 2432 E Belmont Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Col

DATE OF BIRTH Nov. 7 1908

AGE ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Virginia Gibson

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Gaylor

(Address) The Lyndhurst

Filed Dec 9 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 9 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7 1908 to Dec 9 1908

that I last saw her alive on Dec 9 1908

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition from

Taking off ½ of the

Prepuce (Circumcision)

Exhaustion (DURATION) 30 DAYS

Contributory (Primary) Inanition

(DURATION) 30 DAYS

(Signed) Virginia Gaylor M. D.

Address 1 Guilford Ave 22.

Date December 9 1908

Place of Burial Mt. Zion

Date Dec 10. 1908

Undertaker John H. Owens

Address 1222 Division St.

Remarks .....

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 17749

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 4108 Massachusetts ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Maguire

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 9 (Day) 1843 (Year)

AGE: 65 years, ——— months, ——— days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: ~~Foot~~ Tom. Maguire

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary McCann

(Address) 4108 Massachusetts ave

Filed Dec 4 1908 HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 6 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Dec 6 1908

that I last saw her alive on Dec 5 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory Heart failure

(DURATION) 1 DAYS

(Signed) Harry Boyd M. D.

Dec 7 1908 (Address) 60 E Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: Dec. 10 1908

UNDERTAKER: Ph. J. Odell & Son ADDRESS: 746 Columbia ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 24 W

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 017750

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 Richardson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Scharlofski

Residence, Give Street and Number, 1416 Richardson St

Duration of Residence in Baltimore, always

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 15 1907

AGE: ..... years, 11 months, 14 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): here

FULL NAME OF FATHER: Andre Scharlofski

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Sophia Kraftczwitsch

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Kraftczwitsch

(Address) 1416 Richardson St

Filed 12/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 8th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 5th 1908 to Dec 8th 1908

that I last saw her alive on Dec. 8th 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebrospinal meningitis (DURATION) 21 DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) J. Clarke M. D.

Address 1510 E Fort Av

Date December 9th 1908

Place of Burial Holy Cross Cy Co.

Date Dec 10th 1908

Undertaker Jos. Stumbaugh

Address 1318 Light St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C17751 Registered No. B C17751

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Wm. & Myrtle Herbert

{Residence, if in Baltimore, Give Street and Number.} 1533 Light St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 9. 1908

AGE ... years, ... months, 4 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William Herbert

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Myrtle Donaldson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Myrtle Herbert Mother

(Address) 1533 Light St.

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9. 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate) Mitral Insufficiency

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) Geo. W. Reinhardt M.D.

Address Coroner

Date Dec 10 1908

Place of Burial Cedar Hill

Date Dec 10 1908

Undertaker Jas. Sinnickson & Co

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C17752

118

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minna Stiefel

Residence, Give Street and Number, 2932 St. Paul

Duration of Residence in Baltimore, 37 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: November 28, 1869

AGE: 39 years, — months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. Co. Md.

FULL NAME OF FATHER: Edward W Stiefel

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Jane Holtzman

BIRTHPLACE OF MOTHER (State or county): Balto. Md.

OCCUPATION OF DECEASED: School teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dora S. Blair

(Address) 2932 St Paul St

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 7 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1908 to Dec. 7 1908

that I last saw her alive on Dec. 7 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis

(DURATION) 4 DAYS

Contributory (Primary) Appendicitis (DURATION) 2-3 DAYS

(Signed) J. F. Williams M. D.

Address Md. General Hosp.

Date Dec. 7 1908

Place of Burial Loudon Park Cemetery

Date December 10, 1908

Undertaker Henry W. Means & Son

Address 802 W. Calvert St.

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12 C17753 Registered No. B C17753

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 W Camden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Dziewitz

{ Residence, if in Baltimore, Give Street and Number. } 214 W Camden Street

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH October 26 1908

AGE ..... years, ... months, 42 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ S.

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Isaac Dziewitz

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Sadie Dziewitz

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Whitehead M.D.

(Address) 1415 Eutaw Place.

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9. 1908.

I HEREBY CERTIFY, That I attended deceased from December 8 1908 to December 9 1908 that I last saw him alive on December 9 1908, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Bronchitis

About (DURATION) 6 DAYS

Contributory (Primary.) Asthenia (DURATION) DAYS

(Signed) Alfred Whitehead M.D.

Address 1415 Eutaw Place.

Date December 9- 1908.

Place of Burial Hebrew Camp Washington Road.

Date Dec 10 1908

Undertaker Mose Levinson

Address 1620 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 19 C17754

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Richards

Residence, Give Street and Number, 926 Shadeland st

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M.
COLOR	B
DATE OF BIRTH	—
AGE	57 years, — months, — days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	M.
BIRTHPLACE (State or county)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Montgomery Supt.

(Address) BAY VIEW ASYLUM

Filed 12/10 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov 4 1908 to Dec 7 1908

that I last saw him alive on Dec 7 1908

and that death occurred, on the date stated above, at 11:30 M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Epiglottis

(DURATION) — DAYS

Contributory (Primary) Heart Disease

(DURATION) DAYS

(Signed) R. R. Esham M. D.

Address Bay View Hospital

Date Dec 8 1908

Place of Burial Laurel Cemetery

Date Dec 10 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 17 C17755 Registered No. B C17755

CERTIFICATE OF DEATH.

(Place of Death.) No. 1642 Trottman Court (Dotten Court) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wesley Knowingham

{Residence, if in Baltimore, Give Street and Number.} 1642 Trottman Court

Duration of Residence in Baltimore. about 23 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): — Md

FULL NAME OF FATHER: Isaac Nottingham

BIRTHPLACE OF FATHER (State or country): — Va

MAIDEN NAME OF MOTHER: Nancy Findell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy Fendell

(Address) 1642 Trottman ct

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 9th. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2nd 1908 to 1908 that I last saw him alive on Dec 2nd 1908, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis (Pulmonary)

3 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J E Gately M.D.

Address 1111 S Edwards

Date Dec 9th 1908

Place of Burial Laurel

Date Dec 12 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17756

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 2112 Cambridge St

(If Death occurred in Hospitel or Institution, give its Name instead of Street and Number.)

Full Name Martin Cyzewski

Residence, Give Street and Number, 2112 Cambridge St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Jan 29 1867

AGE 42 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Poland

FULL NAME OF FATHER Pioter Cyzewski

BIRTHPLACE OF FATHER (State or couuty) Poland

MAIDEN NAME OF MOTHER Agnistka Krzisnak

BIRTHPLACE OF MOTHER (State or county) Poland

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cyzewska

(Address) 2112 Cambridge St

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 8, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1908 to Dec. 8 1908

that I last saw him alive on Dec. 7, 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's Disease

(DURATION) 37 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. D.

Address

Date Dec. 9, 1908

Place of Burial Holy Rosary

Date Dec 11 1908

Undertaker Joseph Zborowski

Address 1703 Aliceanna St

Remarks

Ward 8 C17757 Registered No. B C 17757

CERTIFICATE OF DEATH.

(Place of Death.) No. 2200 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Walters

{Residence, if in Baltimore, Give Street and Number.} 2200 E. Chase St.

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 30th 1856
AGE	51 years, 11 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Walters

(Address) 2200 E Chase St

Filed 12/10 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7th, 1908.

I HEREBY CERTIFY, That I attended deceased from December 1, 1908 to December 7th 1908

that I last saw h alive on " " 1908,

and that death occurred, on the date stated above, at 11.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia Coma

(DURATION) 3 hrs. DAYS.

Con'ributory (Primary.) Nephritis

(DURATION) One Yr

(Signed) Albert J. Disney M.D.

Address 1503 E North Ave.

Date December 9th 1908.

Place of Burial Mt. Carmel Cem

Date 12/10/08 190

Undertaker Herrig & Son

Address 2008 Adams St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C17758 Registered No. B C17758

CERTIFICATE OF DEATH. 1

(Place of Death.) No. Hebrew Hospital Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Laurin

{Residence, if in Baltimore, Give Street and Number.} 906 N. Montford Ave.

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Jan 17th 1884

AGE: 24 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Martin Laurin

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Justka

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Laurin

(Address) 906 N. Monford Ave

Filed 12/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8 1908 to Dec 9 1908 that I last saw h[illegible] alive on Dec 9 1908, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever (DURATION) ? DAYS

(Signed) Edward Engelhardt M.D.

Address Hebrew Hospital

Date Dec 9 1908

Place of Burial St. Mathews Cem

Date 12/12/08 190

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C17759 Registered No. B C17759

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1417 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Carrol

{Residence, if in Baltimore, Give Street and Number.} 1417 Bruce St

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1858

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Carroll Co. Md.

FULL NAME OF FATHER: Not Known.

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St.

Filed 12/10 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 7 1908 that I last saw h[im] alive on Dec 6 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) T. E. Daughaday M.D.

Address 1625 Penna. Ave

Date Dec 7 1908

Place of Burial Mt Ziun

Date Dec 10 1908

Undertaker James H Dennis

Address 1332 Presstman

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WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17760

City of Baltimore, (No. 1316, N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis N. Cannoles

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 6th (Day) 1877 (Year)

AGE: 31 years, 7 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John W Cannoles

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Christina E. Friegel

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Christian E Cannoles

(Address) 1316 N. Fulton Ave

Filed 12/9 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 8 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1908 to Dec. 8th 1908 that I last saw h um alive on Dec. 8th 1908, and that death occurred, on the date stated above, at 630 P M. The CAUSE OF DEATH was as follows:

Acute tuberculer Pneumonia

or

Acute Miliary Tuberculosis.

(DURATION) 6 DAYS

Contributory Pulm Tuberculosis of lower Right lung. (DURATION) 10 months DAYS

(Signed) J W Keown M. D.

Dec 9th 1908 (Address) 1938 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Dec 11 1908

UNDERTAKER: Jno B Cook | ADDRESS: 103 W Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C17761 Registered No. B C17761

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Balto. City St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwyna E. Venable

{ Residence, if in Baltimore, Give Street and Number. } Petersburg Va.

Duration of Residence in Baltimore. 14 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 31 1853

AGE 54 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Saml. Woodson Venable

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Elizabeth Carrington

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr J Hall Pleasants

(Address) 16 W. Chase St

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9th 1908.

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Dec 9th 1908 that I last saw him alive on Dec. 9 1908, and that death occurred, on the date stated above, at 10.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) W. H. Welch M.D.

Address Johns Hopkins Hospital

Date December 10 1908

Place of Burial Petersburg Dinwiddie Co Va

Date December 10th 1908

Undertaker Henry Jenkins Sons Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C17762 Registered No. C C17762

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1504 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Murray

Residence, Give Street and Number, 1504 Mosher St.

Duration of Residence in Baltimore, 60 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: September 29 1822

AGE: 86 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): md

FULL NAME OF FATHER: Isaac Frizzel

BIRTHPLACE OF FATHER (State or county): md

MAIDEN NAME OF MOTHER: Ann Criswell

BIRTHPLACE OF MOTHER (State or county): md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie E Murray

(Address) 1504 Mosher St

Filed 12/10 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 9th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 22nd 1908 to Dec 8th 1908

that I last saw her alive on Dec 9th 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Valvula union of Mitral

One month (DURATION) 17 DAYS

Contributory (Primary) Age

(DURATION) DAYS

(Signed) J. K. Wilson M. D.

Address 1 E. N. Leary St

Date Dec. 9th 1908

Place of Burial Mt Olivet Cemetery

Date December 11 1908

Undertaker Jos. Sueskens. Son

Address 217 S. Paca St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. C 17763

C 17763

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Grimm

Residence, Give Street and Number, 503 W. 27th St.

Duration of Residence in Baltimore, 11 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lou Grimm

(Address) 503 W. 27th St

Filed 12/10 1908

HARRY O. ANDREWS, PERMIT CLERK

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov 27 1908 to Dec 9 1908

that I last saw her alive on Dec 9 1908

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Septicemias

(DURATION) 9 DAYS

Contributory (Primary) Metritis (Septic)

puerperal (a.b.) (DURATION) — DAYS

(Signed) S. H. Strutt M. D.

Address Md Genl Hosp.

Date Dec 9 1908

Place of Burial Mariaville Md

Date Dec 11 1908

Undertaker Lou Cook

Address 502 E Hartsdale

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C17764

Ward 9 Registered No. C

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 18 Harford Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Faust

Residence, Give Street and Number, 18 Harford Road

Duration of Residence in Baltimore, 40 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Pa

FULL NAME OF FATHER: Edward Lee

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ella Hargest

(Address) 18 Harford Rd

Filed 12/10 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 9, 1908

I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1908 to Dec 9, 1908 that I last saw her alive on Dec. 9, 1908 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

General Dropsy.

Several months (DURATION) DAYS

Contributory (Primary) Cardiac Hypertrophy & Nephritis (DURATION) DAYS

(Signed) R. Au Clewell M. D.

Address 1741 Henrietta

Date December 9, 1908

Place of Burial St Marys. Humpden

Date Dec. 11 1908

Undertaker Lenbook

Address 502 E Fait ave.

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C 017765

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 2023 Ramsey St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Rosenbaum

Residence, Give Street and Number, 2023 Ramsey St

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Mulo

DATE OF BIRTH: Nov 1 1908

AGE: ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Sam Rosenbaum

BIRTHPLACE OF FATHER (State or couuty): Russia

MAIDEN NAME OF MOTHER: Shefton.

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Rosenbaum

(Address) 2023 Ramsey st

Filed 12/10 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 10 1908

that I last saw h on alive on Dec 9 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchu Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Malnutrition

(DURATION) 30 DAYS

(Signed) Howard Kahn M. D.

Address 2027. W Pratt

Date Dec 10 1908

Place of Burial Hebrew Washington Rd

Date Dec. 10, 1908

Undertaker Mc Luinan

Address 1620 Mc Elderry st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17766 Registered No. B C17766

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Wm~~ Geo A Winnfield

{ Residence, if in Baltimore, Give Street and Number. } 854 N Woodycen

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 16. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo A. Winnfield

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Louisa R. Winnfield

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Dent Asst

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9th 1908

I HEREBY CERTIFY, That I attended deceased from November 24th 1908 to December 9 1908

that I last saw ~~him~~ alive on December 9th 1908,

and that death occurred, on the date stated above, at 2.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 5 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 23 DAYS

(Signed) Henry Holt M.D.

Address Franklin Square Hospital

Date December 9 1908

Place of Burial Mt Olivet

Date Dec 11th 1908

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

Ward 20

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17767

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1908 Lemon St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Johanna Rattel

Residence, Give Street and Number,

Duration of Residence in Baltimore, 35 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Rattel

(Address) 1908 Lemon

Filed 12/10 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 8 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Asthma

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Hubert C Blake M. D.

Address 1014 W Lafayette

Date Dec. 9. Coroner 1908

Place of Burial Holy Redeemer

Date Dec 11 1908

Undertaker Geo A Gerbig

Address 1st & Orleans St.

Remarks

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B 017768

City of Baltimore, (No. 818, Hillen St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Clara D. & John Krause.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 3 (Month) Sun (Day) 1 (Year)

AGE: 3 hours' — years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Krause

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Clara D. Fick

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Krause

(Address) 818 Hillen St

Filed 12/10 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 9 1908 to Dec 9 1908

that I last saw him alive on Dec 9 1908,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Aspiration of fluid or Compression of Cord. The bag of waters having ruptured early in labor

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) A. D. Macdonald M. D.

Dec 10 1908 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Schwartzs

DATE OF BURIAL: Dec 10 1908

UNDERTAKER: R T Timmons

ADDRESS: 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C17769 Registered No. B C17769

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 513 W West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. L. Koeneke Jr.

{Residence, if in Baltimore, Give Street and Number.} 513 W West St

Duration of Residence in Baltimore. Life C17769

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 15 1900

AGE: 8 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William L. Koeneke

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie M. Wolkins

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) William L. Koeneke

(Address) 513 W. West st

Filed 12/10 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7 1908 to Dec 10 1908 that I last saw h[e] alive on Dec 9 1908, and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 4 DAYS

Contributory (Primary) Respiratory obstruction (DURATION) DAYS

(Signed) Albert F Coney M.D.

Address 1412 Mt Royal av

Date Dec 10, 08 1908

Place of Burial London Park Cem

Date Dec 11th 1908

Undertaker E Schlosman & Son

Address 1039 Hanover st

10 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C17770 Registered No. B C17770

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 115. N. Fulton. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie M. Dennis

{ Residence, if in Baltimore, Give Street and Number. } 115 N. Fulton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH July 23, 1838.

AGE 70 years, 6 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Eli. Smith.

BIRTHPLACE OF FATHER (State or country) Balto. Co.

MAIDEN NAME OF MOTHER Sherbe Zinnemon.

BIRTHPLACE OF MOTHER (State or country) Balto. Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss. Carrie Dennis.

(Address) 115 N. Fulton Ave.

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1908 to Dec 10 1908

that I last saw h[illegible] alive on 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis from Cerebral Hemorrhage

2nd attack (DURATION) 1 DAYS

~~Contributory (Primary)~~ 1st attack Nov 20 — 1908

(DURATION) DAYS

(Signed) Edw. H. Condon M.D.

Address 1403 W. Fayette st

Date 12/10/08 1908

Place of Burial London Park

Date Dec. 12 1908.

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C17771

C17771

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Nursery & Childs Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Burnett Bigg

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH ..... Oct. 20 1908

AGE ..... years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED .....

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Burdette

(Address) Nursery & Childs Hosp.

Filed 12/10 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1908 to Dec 10 1908 that I last saw h— alive on Dec 10 1908, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) G. H. Burton M.D.

Address 222 E. Cross St

Date Dec 10, 1908

Place of Burial Mt. Olivet

Date Dec. 12. 1908

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C17772 Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Anna Kalfe.

{Residence, if in Baltimore, Give Street and Number.} Hebrew Hospital

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address)

Filed 12/10 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1908

I HEREBY CERTIFY, That I attended deceased from 12/1 8 1908 to Dec 9 1908 that I last saw h[er] alive on Dec 9 1908, and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Condition Ascites

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) 2 DAYS

(Signed) Edward Bayly M.D.

Address Hebrew Hospital

Date Dec 9 10 1908

Place of Burial Bath Hebrew

Date Dec 11 1908

Undertaker Shreve & Co

Address 1607 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. C 17773

CERTIFICATE OF DEATH.

138

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Delia McIntyre

Residence, Give Street and Number, 1724 N. Calhoun St.

Duration of Residence in Baltimore, 6 mo.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH — 1875

AGE 33 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank X McIntire

(Address) 1724 N. Calhoun St

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 9 1908

I HEREBY CERTIFY, That I attended deceased from 12-8 1908 to 12-9 1908

that I last saw her alive on 12-9 1908

and that death occurred, on the date stated above, at 11.30 a M.

CAUSE OF DEATH (Secondary or Immediate,)

Shock, following confinement

(DURATION) DAYS

Contributory (Primary) Eclampsia

(DURATION) 1 DAYS

(Signed) M A Smith M. D.

Address Md. Gen. Hospital

Date Dec 9 1908

Place of Burial Cathedral

Date Dec 12" 1908

Undertaker Martin Faherty & Sons

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 Registered No. C 17774

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Morgan

Residence, Give Street and Number, St Vincents Infant,

Duration of Residence in Baltimore, Life C17774

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR W.

DATE OF BIRTH 1904

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address) .....

Filed 12/10 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 9 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Dec. 8 1908

that I last saw her alive on " " 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address 1002 W Lafayette ave

Date Dec 9 1908

Place of Burial New Cathedral

Date Dec. 10 1908

Undertaker Martin F. Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C17775 Registered No. C C17775

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Cabrell Broun

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address) .....

Filed 12/10 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Dec. 8 1908

that I last saw h[illegible] alive on " " 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Patrick J Martin M. D.

Address 1002 W Lafayette

Date Dec. 9 1908

Place of Burial Mount Cathedral

Date Dec. 10 1908

Undertaker Martin Fahey Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

C17776

Registered No. B .....

City of Baltimore, (No. 725, N Carey St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Luthardt

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Aug (Month) 11 (Day) 1833 (Year)

AGE: 75 years, 3 months, 28 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — Kull

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — Ruff

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank F. Luthardt.

(Address) 725 N Carey St

Filed 12/10 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 19 1908 to Dec 9 1908

that I last saw h[illegible] alive on Dec 9 1908,

and that death occurred, on the date stated above, at 10 30 a m. The CAUSE OF DEATH was as follows:

Grippe

.....(DURATION).....DAYS

Contributory

Hypo Pneumonia (DURATION) 4 DAYS

(Signed) Wm Mac Baeman M. D.

Dec 10 1908 (Address) 1107 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Dec 12 1908
UNDERTAKER	**ADDRESS**
Chas. E. Foarer	746 N Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

Ward 6 17777 Registered No. C 17777 17

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Harris

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH —

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) N. J.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 11 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Dec 11 1908 that I last saw h[illegible] alive on Dec 11 1908 and that death occurred, on the date stated above, at 5.50 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) — DAYS

Contributory (Primary) Pulmonary Tbc

(DURATION) — DAYS

(Signed) W. F. Baker M. D.

Address Bay View Hospital

Date Dec 11 1908

Place of Burial Sacred Heart

Date Dec 11 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C C17778

C17778

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Good

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR W.

DATE OF BIRTH — 1

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md. N. Co.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address)

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Aug 5 1908 to Dec 10 1908

that I last saw her alive on Dec 10 1908

and that death occurred, on the date stated above, at 3 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion due to old age

(DURATION) — DAYS

Contributory (Primary) Nephritis

(DURATION) — DAYS

(Signed) W. H. Eshen M. D.

Address Bay View Hospital

Date Dec 10 1908

Place of Burial Mt. Carmel Cem.

Date Dec 10 1908

Undertaker Chas H. Evans

Address 918 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

§ "Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C17779 Registered No. B C17779

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2576 Fair Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.

Full Name John Hirschman

{ Residence, if in Baltimore, Give Street and Number. } 2576 Fair Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 9 1908

AGE ____ years, 22 hours months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Herman Hirschman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Carrie Miller

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Hirschman

(Address) 2576 Fair Ave

Filed 12/11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 9 1908 to Dec 10 1908

that I last saw h— alive on " 10 1908

and that death occurred, on the date stated above, at 2[illegible]

M. CAUSE OF DEATH (Secondary or Immediate

Inanition.

(Premature Birth)

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Charles Green M.D

Address 619 Park Park Ave

Date Dec 9. 08 1908

Place of Burial Laurel Hill Cem

Date Dec 11 1908

Undertaker [illegible] & SONS,

Address [illegible] Cor. Broadway & Baltimore Sts. and 1708 [illegible] Clinton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C17780 Registered No. B C17780

CERTIFICATE OF DEATH.

64

Place of Death.) No. 128 S Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Scott Way

{Residence, if in Baltimore, Give Street and Number.} 128 S Ann st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 13 1842

AGE 66 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Isaac Way

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Seely

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Hannah G Way

(Address) 128 S. Ann St

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8 1908 to Dec 8 1908 that I last saw him alive on Dec 8 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 5 hours

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J T Spicknall M.D.

Address 144 Patterson Park Ave

Date Dec 9 1908

Place of Burial Mt. Carmel Cem

Date Dec 11 1908

Undertaker S. E. DEER & SON

Address S. E. Cor. Broadway & Baltimore Sts and 1705-1707 Eastern Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C17781 Registered No. B C17781

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 N. Balto st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Scott

{Residence, if in Baltimore, Give Street and Number.} 1414 N Balto st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George. A. Scott

(Address) 1414 N Baltimore st

Filed 12/11 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9th 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Hubert C Blake M.D.

Address 1014 N Lafayette

Date Dec 9. Coroners 1908

Place of Burial Mt Auburn Cemetery

Date Dec 11 1908

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17782

City of Baltimore, (No. 420 Harford Road St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ellarton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 9th (Day) 1860 (Year)

AGE: 48 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: ~~~~

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Catherine Brunt.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martin

(Address) 420 Harford Rd

Filed 12/11 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 9th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from

On Nov 10th to 1908 190

that I last saw her alive on Nov 10th 1908,

and that death occurred, on the date stated above, at

M. The CAUSE OF DEATH was as follows:

Gradual maintin anemia & cachexia

(DURATION) 14 DAYS

Contributory Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) C D Buckner M. D.

Dec 10th 1908 (Address) 1337 E Hunt Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: Dec 12 1908

UNDERTAKER: A McCook

ADDRESS: 502 E Fayette Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

C17783 Registered No. C C17783

CERTIFICATE OF DEATH.

119

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dory Wilson

Residence, Give Street and Number, 1127 Bowers St.

Duration of Residence in Baltimore, 1 yr.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Dory Wilson

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Rebecca Schall

BIRTHPLACE OF MOTHER (State or county): Md —

OCCUPATION OF DECEASED: Railroader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Dehoman

(Address) 1127 Bowers St

Filed

190 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 10. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 9 1908 to Dec 10 1908

that I last saw him alive on Dec 10 1908

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia (convulsions)

(DURATION) 3 DAYS

Contributory (Primary) Acute Nephritis,

(DURATION) DAYS

(Signed) S. H. Street M. D.

Address Md Gen'l Hosp.

Date Dec 10 1908

Place of Burial Western

Date Dec 13/908 1908

Undertaker Wm Cook

Address 1028 E. Madison Av.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased,*** and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C17784 Registered No. C C17784

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 421 E. Lorraine Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine L. Grascup

Residence, Give Street and Number, 421 E. Lorraine Av

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 28 1907

AGE: 1 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Philip N. Grascup.

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Melvenia Hess

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip N. Hess.

(Address) 421 Lorraine Av.

Filed 12/11 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 9th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Dec 9th 1908

that I last saw her alive on Dec 9 1908

and that death occurred, on the date stated above, at 6.50 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions, Supervised by Cathing-

(DURATION) 8 DAYS

Contributory (Primary) Faith-

(DURATION) DAYS

(Signed) J. S. Feltman M. D.

Address 211 N. Lanvale

Date Dec 10th 1908

Place of Burial Loudon Park

Date Dec. 12 1908

Undertaker Wm Cook

Address 502 S Hanover.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C17785 — Registered No. C C17785

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2311 Morton Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Theodore Adams.

Residence, Give Street and Number, 2311 Morton Alley

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: John Adams

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Jennie Jackson

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs. Jennie Adams.

(Address) 2311 Morton Alley

Filed 12/11 1908

HARRY C. ANDREWS, Deputy Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1908 to Dec. 10 1908

that I last saw him alive on Dec. 9 1908

and that death occurred, on the date stated above, at 4.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Topic. Poisoning

& Heart Exhaustion.

(DURATION) 10 DAYS

Contributory (Primary) Croupous Pneumonia

Complicating Pleuro (DURATION) 14 DAYS

(Signed) Jno. Thos. Bowles M. D.

Address Guilford Ave 712

Date Dec. 10 1908

Place of Burial Laurel Cemetery

Date Dec. 2nd 1908

Undertaker Felix B. Pyle.

Address 102 E Pulaski St.

Remarks

Ward ..... C17786 Registered No. B C17780

CERTIFICATE OF DEATH. 14

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roger Winn

{ Residence, if in Baltimore, Give Street and Number. } 144 York Road

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 29 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Booker Winn

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Winn

(Address) 144 Old York Road.

Filed 12/11 1908 HARRY C. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 24" 1908 to Dec 10" 1908 that I last saw him alive on Dec 11" 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brain Tumor

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Ernest K. Cadbeu M.D.

Address John Hopkins Hospital

Date Dec 10 1908

Place of Burial Laurel Cemetery

Date Dec. 11th 1908

Undertaker Felix B. Poe

Address 102 E. Mulberry St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C17787 Registered No. B C17787

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number) 9th

Full Name Emma Steward

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: Dec (?) 1906

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1908 to Dec. 9, 1908 that I last saw her alive on Dec. 9, 1908, and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Dec. 10 1908

Place of Burial Cathedral Cemetery

Date December 11th 1908

Undertaker Felix B Kyle.

Address 102 E Fulberry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17788 Registered No. B C17788

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037 N Chapel St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Lidonia Bassett

{Residence, if in Baltimore, Give Street and Number.} 1037 N Chapel

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 15 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) King & Queen Co Va

FULL NAME OF FATHER Wm H. Barrett

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Delina Fleeton

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED School Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wm Barrett

(Address) 1037 N. Chapel St

Filed 12/11 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 30 1908 to Dec 10 1908 that I last saw h sr alive on Dec 9 1908 and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma dropsy

I. B.

Haemorrhage of Lungs

6 Months (DURATION) 10 DAYS

Con'tributory (Primary.) Haemorrhage

6 Months (DURATION) 10 DAYS

(Signed) G W Kennaud M.D.

Address 108 Ensor St

Date Dec 10 1908

Place of Burial Asbury Cemetery

Date Dec 12th 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C17789 — Registered No. C 17789

CERTIFICATE OF DEATH.

28

(Place of Death.) No. St. Joseph's Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Smith

Residence, Give Street and Number, 2209 Cleveland Place

Duration of Residence in Baltimore, 30 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Dec 5, 1878

AGE 30 years, ——— months, 5 days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Ebenezer Smith

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Araminta Gardner

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Brass Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF..

(Informant) Carrie Smith

(Address) 2209 Cleveland Place

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8 1908 to Dec 10 1908 that I last saw h-er alive on Dec 10 1908 and that death occurred, on the date stated above, at 10 A M. CAUSE OF DEATH (Secondary or Immediate,)

Basilar Meningitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W Cole Davis M. D.

Address 1 Gaylor Hosp.

Date Dec 13 1908

Place of Burial Baltimore County

Date Dec. 13, 1908

Undertaker Zirkler & Zirkler

Address 1939 E. Eager st

Remarks

o/k F. Cullen Coroner Dec 10-08.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C 17790

CERTIFICATE OF DEATH.

167

(Place of Death.) No. St Joseph Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Schweter

Residence, Give Street and Number, 1110 N. Bradford

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH ..... 1 .....

AGE 3 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Max F. Schweter

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Annie Lentz

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1110 N Bradford St.

Filed 12/11 1905

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 9 1905

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Burns.

Accidental

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Jos. J. Cummins M. D.

Address Same

Date Dec 10 05 1905

Place of Burial Holy Redeemer Cemetery

Date Dec. 12 1905

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks Was playing around fireplace in parlor & his hair caught fire

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C 017791 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mary Land University Hosp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Denis Dowling

Residence, Give Street and Number, 1643 Cuba St

Duration of Residence in Baltimore, 40 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: W

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dowling Son

(Address) 1643 Cuba St.

Filed 12/11 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 10 190 8

I HEREBY CERTIFY, That I attended deceased from Dec 8 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Shock due Fractured clavicle + fractured pelvis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M. D.
Coroner

Address

Date Dec 11 190 8

Place of Burial Holy Cross Cemetery

Date Dec 12 190 8

Undertaker D. & M. J. Flynn

Address 426 W. Lost St

Remarks Accidentally Struck by Engine #3574 of B.T.O.R.R. Co. 4.D.J.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C17732 Registered No. B C17792 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1716 Cario St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Mason

{ Residence, if in Baltimore, Give Street and Number. } 1309 N. Calhoun St.

Duration of Residence in Baltimore.

C17792

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH June 1st 1858

AGE 50 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Caroline Co. Va

FULL NAME OF FATHER Geo. Maddison

BIRTHPLACE OF FATHER (State or country) Caroline Co. Va

MAIDEN NAME OF MOTHER Sophia Samuels

BIRTHPLACE OF MOTHER (State or country) Caroline Co. Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Thompson

(Address) 1309 N. Calhoun St.

Filed 12/11 1908

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 6th 1908 to Dec 8th 1908

that I last saw h er alive on Dec 8th 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Lusk M.D.

Address 1313 N. Front St

Date Dec 9th 1908

Place of Burial Mt Zion

Date Dec 11th 1908

Undertaker John E. Hoffman Co

Address 1422 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C17793 Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. 2220 Mura St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard T Booker

Residence, Give Street and Number, 2220 Mura St

Duration of Residence in Baltimore, 24

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Dec 22 1873

AGE 27 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Charles T Booker

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Emma Linder

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Ship builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillian Melody

(Address) 2228 Mura St

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 10, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1908 to Dec. 10 1908

that I last saw h[illegible] alive on Dec 9 1908

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis

(DURATION) ? DAYS

Contributory (Primary) Tuberculosis Pulmonalis (DURATION) ? DAYS

(Signed) S. Coleman M. D.

Address 1291 N. Broadway

Date Dec 10, 1908

Place of Burial Baltimore

Date Dec 12 1908

Undertaker Robt T Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 0 C17794 Registered No. C C17794

CERTIFICATE OF DEATH.

(Place of Death.) No. 1703 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth L. McCeeley 93

Residence, Give Street and Number, 1706 N. Wolfe

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR W.

DATE OF BIRTH July 8 1846

AGE 62 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Cleveland Ohio

FULL NAME OF FATHER N Rutledge

BIRTHPLACE OF FATHER (State or county) Cleveland Ohio

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST ~~OF~~ MY KNOWLEDGE AND BELIEF.

(Informant) Eugene F Mosley

(Address) 1703 Wolfe

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Dec 10 1908 that I last saw h alive on Dec 7 1908 and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary) Interstitial Pneumonia (DURATION) 70 DAYS

(Signed) Geo F Taylor M. D.

Address 1254 N Broadway

Date Balto Dec 10 1908

Place of Burial Mt Carmel

Date Dec 13 1908

Undertaker Robt Stamer

Address 1412 N Broadway.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C17795 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2612 Fairmount Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name John Schott

{ Residence, if in Baltimore, Give Street and Number. } 2612 Fairmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 6th 1908

AGE: — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Schott

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Lorman

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schott

(Address) 2612 Fairmount Ave

Filed 12/11 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 6th 1908 to Dec 10th 1908 that I last saw him alive on Dec. 9th 1908, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm Gombel M.D.

Address 1704 Madison Ave.

Date Balto. Dec, 10th 1908

Place of Burial Balto Cem

Date 12/11/08

Undertaker J Herwig & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 17796

137

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Hysterical Hosp St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Brown

Residence, Give Street and Number, 300 So Vincent

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Feb 17 1886

AGE: 22 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Edw Brown

BIRTHPLACE OF FATHER (State or county): Switzerland

MAIDEN NAME OF MOTHER: Elizabeth Rulon

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Brown

(Address) 300 S Vincent St

Filed 12/11 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 9 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Dec 9 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Puerperal Sepsis

Forming Clot in Lung

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M. D.

Address 1002 W Lafayette

Date Dec 10 1908

Place of Burial Hebrew

Date Dec 12 1908

Undertaker Jos B Clark

Address 1003 W Balto St

Remarks

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

64

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17797

City of Baltimore, (No. German Aged People's Home St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Joseph Ulbrich

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Apr (Month) 11 (Day) 1825 (Year)

AGE 83 years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Schwarzburg

FULL NAME OF FATHER Franz Anton Ulbrich

BIRTHPLACE OF FATHER (State or country) Schwarzburg

MAIDEN NAME OF MOTHER Christina Rosenzweig

BIRTHPLACE OF MOTHER (State or country) Schwarzburg

OCCUPATION OF DECEASED Artist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Records of German Aged Home

(Address) 10 Balto St

Filed 12/11 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from December 8th 1908 to December 9 1908

that I last saw h.. im alive on December 9 1908,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Apoplexia

(DURATION) 1 DAYS

Contributory Old age

(DURATION) ..... DAYS

(Signed) Dr. E. Reinhard M. D.

Dec 6 1908 (Address) 1400 Lindenwood

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Western Cem

DATE OF BURIAL Dec 11 1908

UNDERTAKER Jos B Cook

ADDRESS 1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 17798

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 231 N. Gilmor St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie M Day.

Residence, Give Street and Number, 231 N. Gilmor

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: 10 — 11 — — 1893

AGE: 15 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Nicholas Day

BIRTHPLACE OF FATHER (State or county): do not Know

MAIDEN NAME OF MOTHER: Annie Day

BIRTHPLACE OF MOTHER (State or county): do not Know

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F Fahey

(Address) 1 So Eutaw

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 8. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilatation

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Hubert C Blake M. D.

Address 1014 N La Fayette

Date Dec. 9. Coroner 1908

Place of Burial London Park Cem

Date Dec 11 1908

~~Undertaker~~ John F Fahey & Son

Address 1232 William

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C17799 Registered No. B C17799

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mary Mielor

{Residence, if in Baltimore, Give Street and Number.} 704 W Lexington St.

Duration of Residence in Baltimore. Few years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: May 14th 1876

AGE: 32 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: William Arnold

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Mary E. Keller Dorff

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Arnold

(Address) 704. W. Lexington st

Filed 12/11 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 9th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3d 1906 to Oct 28th 1908 that I last saw her alive on Oct 28th 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal & Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) 4 yrs ~~DAYS~~

(Signed) A. M. Forster M.D.

Address Towson

Date Dec 11th 1908

Place of Burial London Park

Date Dec 11th 1908

Undertaker D & M. Flynn

Address 42. E. West st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17800 Registered No. B C17800

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 S. Carolina St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Parker

{ Residence, if in Baltimore, Give Street and Number. } 425 S. Carolina

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1877

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Charles Parker

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Birdie Parker

(Address) 425 S. Carolina

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 21st 1908 to Dec. 10th 1908

that I last saw h[illegible] alive on Dec. 8th 1908,

and that death occurred, on the date stated above, at 1[illegible] A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Con'tributory (Primary) Pulmonary Tuberculosis (DURATION) 3 ~~months~~ DAYS

(Signed) J. L. Winner M.D.

Address 308 S. B'dway

Date Dec. 10th 1908

Place of Burial Laurel Cemetery

Date Dec 13 1908

Undertaker R. St. Elliott

Address 5706 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17801 Registered No. B C17801

CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Kane

{Residence, if in Baltimore, Give Street and Number.} 1508 E Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Kane

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER not-Known

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Kane

(Address) 1508 E Monument St

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1908

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Dec 9 1908

that I last saw him alive on Dec 8 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

nearly 4 months (DURATION) ..... DAYS

Con'ributory (Primary.) Hemorrhage + Exhaustion (DURATION) 7 DAYS

(Signed) Adolph C. Eisenbey M.D.

Address 2213 Orleans St

Date Dec 9 1908

Place of Burial Laurel Society

Date Dec 12 1908

Undertaker R. St. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C17802 Registered No. B C17802

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 243 S Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wenceslaus Wantrobski

{ Residence, if in Baltimore, Give Street and Number. } 243 S Washington st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	June 18 1908
AGE	..... years, 6 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Chas Wantrobski
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Mary Wantrobski
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas S. Wantrobski

(Address) 243 S. Washington St

Filed 12/11 1908

HARRY C. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8 1908 to Dec 10 1908

that I last saw h— alive on Dec 10 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Kilcullen M.D.

Address 26 S Broadway

Date Dec 12 1908

Place of Burial Holy Rosary

Date Friday Dec 11 1908

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C17803 Registered No. B C17803

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 939 Park av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Maggie Grosso

{Residence, if in Baltimore, Give Street and Number.} 939 Park av

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Nov 1 1860

AGE: 48 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Gray

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: (Do not know)

BIRTHPLACE OF MOTHER (State or country): (Do not know)

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. Gross.

(Address) 939 Park av

Filed 12/11 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov 12 1908 to Dec 9 1908 that I last saw h.. alive on Dec 8 1908 and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) 27 DAYS

Con'ributory (Primary.) Uraemic Convulsions

(DURATION) DAYS

(Signed) Albert F. Cooney M.D.

Address 1412 Mt Royal av

Date Dec 9 1908

Place of Burial Mt Olivet Cemetery

Date Dec 12 1908

Undertaker R St Elliott

Address 506 Rayer Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17804 Registered No. B C17804

CERTIFICATE OF DEATH.

24

(Place of Death.) No. 1118 Jenkins alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence Ackwood

{ Residence, if in Baltimore, Give Street and Number. } 1118 Jenkins alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colored

DATE OF BIRTH —— 1

AGE 6 years, 8 months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Ackwood

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elnora miles

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father John Ackwood

(Address) 1118. Jenkins alley

Filed 12/11 1908

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1908 to Dec. 9 1908 that I last saw h[illegible] alive on Dec. 8 1908, and that death occurred, on the date stated above, at 12.00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

From Organising Disease (DURATION) DAYS

Contributory (Primary) Tubercular(?) Meningitis (DURATION) 18 DAYS

(Signed) E. L. Whitney M.D.

Address 1103 Lindsay Ave

Date Dec. 9th 1908

Place of Burial Mt Auburn Cemetery

Date Dec 12. 1908

Undertaker R. St. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

racts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **nty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (wiether married or single) of the person deceased, and the cause and date of death.

5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

41

CERTIFICATE OF DEATH.

Registered No. B C17805

City of Baltimore, (No. 520 East St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Dark

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 14 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H Green

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ida Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Williams

(Address) 520 East St.

Filed 12/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 9 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Dec 5 1908 that I last saw him alive on Dec 5 1908, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Bronchitis

..... (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. Tyler Smith M. D.

Dec 10 1908 (Address) 717 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ~ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Dec 12 1908

UNDERTAKER: H. A. Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B C17806

C17806

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1018 Shields Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Lomae

{ Residence, if in Baltimore, Give Street and Number. } 1018 Shields Alley.

C17806

Duration of Residence in Baltimore. 48 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Unknown 1860

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Edward Robinson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie Earl

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 805. Rogers Ave

(Address) R. S. Elliott

Filed 12/11 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10th 1908

I HEREBY CERTIFY, That I attended deceased from November 21st 1908 to December 9th 1908 that I last saw h er alive on December 9th 1908, and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary) Pulmonary tuberculosis (DURATION) 186 DAYS

(Signed) Bertha E. Tapeman M.D.

Address 2725 York Road

Date December 10th 1908

Place of Burial Mt Auburn Cemetery

Date Dec 13. 1908

Undertaker R S Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

Ward 15 Registered No. C 17807

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1635 Vincent St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Digge

Residence, Give Street and Number, 1635 Vincent St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER John Digge

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Diggs

(Address) 1635 Vincent al

Filed 12/11 190 8 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 8 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Ca Lauriam

(DURATION) DAYS

Contributory (Primary) Tuberculosis

(DURATION) 3 years ~~Days~~

(Signed) Lieon Baltzmin M. D.

Address 700 N Eutaw Ave (Coroner)

Date Dec 9 190 8.

Place of Burial Mt Lebanon

Date Dec 11 190 8.

Undertaker W. J. Johnson

Address 614 E Baker st

Remarks .....

Ward 7

Registered No. B C17808

C17808

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 China St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stith Parham

{ Residence, if in Baltimore, Give Street and Number. } 1116 China St

Duration of Residence in Baltimore. 38 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jas Parham

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Malum

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Parham

(Address) 1116 China St

Filed 12/11 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7 1908 to Dec 10 1908

that I last saw him alive on Dec 7 1908,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) E Howard M.D.

Address Byrn Fay Ellis

Date Dec 10 1908

Place of Burial Mt Auburn

Date Dec 13" 1908

Undertaker Alex Hemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the **cause and date of death.**

Ward ..... Registered No. C 17809

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gyznicki

Residence, Give Street and Number —

Duration of Residence in Baltimore, —

C 17809

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH —

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) Bay View Asylum.

Filed 12/11 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 11 1908

I HEREBY CERTIFY, That I attended deceased from Oct 27 1908 to Dec 11 1908

that I last saw him alive on Dec 11 1908

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis of Epiglottis

(DURATION) — DAYS

Contributory (Primary) Chronic Gastritis

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hospital

Date Dec 11 1908

Place of Burial Sacred Heart

Date Dec 12 1908

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C17810

CERTIFICATE OF DEATH. 66

(Place of Death.) No. 213 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alphonsus H. Glos.

{Residence, if in Baltimore, Give Street and Number.} 213 N. Castle St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 17 1854

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Nicholaus Glos

BIRTHPLACE OF FATHER (State or country) Ger.

MAIDEN NAME OF MOTHER Elizabeth Siegelman

BIRTHPLACE OF MOTHER (State or country) Ger.

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Glos

(Address) 213 N. Castle

Filed 12/11 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 9 1908 to Dec 9 1908 that I last saw him alive on Dec 9 1908, and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 1 DAYS

Contributory (Primary.) Coma

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans St

Date December 9th 1908

Place of Burial Holy Redeemer

Date Dec. 14 1908

Undertaker Jos. J. Iden

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 17811

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 415 Myrtle ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Greene

Residence, Give Street and Number, 415 Myrtle ave

Duration of Residence in Baltimore, 63 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 86 (last) years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Joseph Green

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 12/11 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 8 190 8

I HEREBY CERTIFY, That I attended deceased from As None 190 to None 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M. D.

Address 1002 Wash ave

Date Dec 8 190 8

Place of Burial New Cathedral

Date Dec 12 190 8

Undertaker M Cadogan

Address 696 Mulberry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C17812 Registered No. B .....

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1735 Gough ST St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rocco Nobile

{ Residence, if in Baltimore, Give Street and Number. } 1735 Gough ST

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Jan 2 1881

AGE abt 27 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Fumatili Nobile

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Domenica Gabriella

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Giovanni Ddicledamo

(Address) 1735 Gough ST.

Filed

Dec 11 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 10 1908

that I last saw h im alive on Dec 10 1908,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

and Heart Failure

(DURATION) 1 DAYS

Con'ributory (Primary) Lobar Pneumonia

(DURATION) 10 DAYS

(Signed) M. Kinstler M.D.

Address 846 E Pratt ST

Date Dec 10 1908

Place of Burial St Vincent Cem

Date Dec 11 1908

Undertaker for J Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1137 Etting St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary A. Smallwood

{ Residence, if in Baltimore, Give Street and Number. } 1137 Etting St.

C 17813

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1840

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) New-Orleans

FULL NAME OF FATHER Thomas Smallwood

BIRTHPLACE OF FATHER (State or country) Don't Know

MAIDEN NAME OF MOTHER . . .

BIRTHPLACE OF MOTHER (State or country) . . .

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Morton Chase

(Address) 1400 Mosher St

Filed Dec 11 1908 HARRY G. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1908 to Dec 9th 1908

that I last saw h.. alive on Dec 9th 1908

and that death occurred, on the date stated above, at 1a

A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis due to cerebral hemorrhage probably due to arterial changes of old age (DURATION) 30 DAYS

Con'ributory (Primary.) ..... (DURATION) — DAYS

(Signed) Chas J. Keller M.D.

Address 1111 W. Monument St

Date Dec 10th 1908

Place of Burial Laurel Cem

Date DEC 12 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

Registered No. B

CERTIFICATE OF DEATH. C17814 61

(Place of Death.) No. 1602 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Toying Ling

{ Residence, if in Baltimore, Give Street and Number. } 1602 S. Charles St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ~~White~~ Mongolian

DATE OF BIRTH: Oct 14 1908

AGE: — years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wong Kim Ling

BIRTHPLACE OF FATHER (State or country): China

MAIDEN NAME OF MOTHER: Maria —

BIRTHPLACE OF MOTHER (State or country): China

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wong Kim Ling

(Address) 1602 S. Charles St

Filed

Dec 11 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10" AM 1908 to Dec 10 1908

that I last saw h~~im~~ alive on Dec 10 1908,

and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary) Acute Meningitis

(DURATION) 3 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover

Date Dec 11 1908

Place of Burial Balto Cemetery

Date December 14 1908

Undertaker J. Thos E. Thompson

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17815 Registered No. B

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kyle Gunsley.

{ Residence, if in Baltimore, Give Street and Number. }

C17815

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 20 1908

AGE: ..... years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Bridges

(Address) Nursery & Childs Hosp.

Filed 12/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1908 to Dec 11 1908 that I last saw h.. alive on Dec 11 1908, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) Legal DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. F. Buxton M.D.

Address 222 E. Cross St

Date Dec 11 1908

Place of Burial Mt. Olivet

Date Sat. Dec 12 1908

Undertaker Geo. L. Smith Co.

Address 1000 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

Registered No. C C17816

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1805 Dover St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary L. Rausch

Residence, Give Street and Number, 1805 Dover St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W

DATE OF BIRTH: Aug 29 1882

AGE: 26 years 3 months 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: John F Dermo

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Laura V Tracy

BIRTHPLACE OF MOTHER (State or county): Balto Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M. Rausch.

(Address) 1805 Dover

Filed 12/12 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1908 to Dec 10 1908 that I last saw her alive on Dec 10 1908 and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Walter A Coe M. D.

Address 545 Fulton Ave

Date Dec 10 1908

Place of Burial Cathedral

Date Dec 14/08 1908

Undertaker Wm Cook

Address 502 E. Fayette St.

Remarks

(Signed) Rev. E. A. Brown St Martins Church.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7N

Registered No. C 17817

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1403 Hull St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy A Munn.

Residence, Give Street and Number, 1403 Hull St.

Duration of Residence in Baltimore, 30 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH May 1 1837

AGE 71 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Richmond Va.

FULL NAME OF FATHER Robert Garnett

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Philamia Raglan

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philamia Ayers daughter

(Address) 1403 Hull St

Filed 12/12 1908

BARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 10 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Organic disease of the heart

(DURATION) DAYS

Contributory (Primary) Arterio Sclerosis

(DURATION) DAYS

(Signed) Otho M Pritchard M. D.
Coroner

Address

Date December 10 1908

Place of Burial Loudon Park

Date Dec. 12/1908 1908

Undertaker Wm Cook

Address 502 E Hartford

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death*** of the person deceased,

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. C 17818

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 Leadenhall St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Luzzie Davidson

Residence, Give Street and Number, 922 Leadenhall St

Duration of Residence in Baltimore, 12 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH Dont know

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Talbot Co Md

FULL NAME OF FATHER William Moore

BIRTHPLACE OF FATHER (State or county) Talbot Co Md

MAIDEN NAME OF MOTHER Ellen Joshua

BIRTHPLACE OF MOTHER (State or county) Talbot Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Riley sister

(Address) 92 2 Leadenhall St

Filed 12/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 10 1908

I HEREBY CERTIFY, That I attended deceased from

1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 1.30 A M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ho M Pennington M. D.
Coroner

Address

Date December 10 1908

Place of Burial Mt auburn ct

Date Dec 13th 1908

Undertaker L. L. Brown and Son

Address 1617 Montgomery st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B

CERTIFICATE OF DEATH. C17819 27

(Place of Death.) No. 814 Peach alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Stella Robinson (Robinson)

{Residence, if in Baltimore, Give Street and Number.} 814 Peach alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: William Robinson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Martha James

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Robinson

(Address) 814 Peach alley

Filed 12/12 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Dec 10 1908

that I last saw h e alive on Dec 9 1908,

and that death occurred, on the date stated above, at 10 a.m.

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (C.B.)

(DURATION) 16 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 16 DAYS

(Signed) [illegible] M.D.

Address 1125 Eutaw

Date Dec 12th 1908

Place of Burial Mt auburn Cem

Date Dec 13th 1908

Undertaker S. H. Beaumont Son

Address 134 W Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17820 Registered No. B C17820

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 8½ plum alley St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Willie Green

{Residence, if in Baltimore, Give Street and Number.} 8½ plum alley

C 17820

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 3 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Robert H Green

BIRTHPLACE OF FATHER (State or country): Cristfield md

MAIDEN NAME OF MOTHER: Henritta Green

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert H Green Father

(Address) 8½ Plum alley

Filed 12/12 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Dec 10 1908

that I last saw h— alive on Dec 10 1908,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 14 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 14 DAYS

(Signed) C. H. Knee M.D.

Address 710 S. Stockton

Date Dec 11 1908

Place of Burial Laurel Md

Date Dec 13th 1908

Undertaker C. K. Brown and Son

Address 107 W Montgomery st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B [illegible]

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2118 Druid Hill Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Marie Raiff

{Residence, if in Baltimore, Give Street and Number.} 2118 Druid Hill Ave.

Duration of Residence in Baltimore. 25 years. C17821

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	— — 1852
AGE	56 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	A. A. Co. Md
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	A. A Co Md
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wesley Raiff

(Address) 2118 Druid Hill Ave

Filed 12/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10th 1908.

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1908 to Dec 10th 1908 that I last saw her alive on Dec 8th 1908, and that death occurred, on the date stated above, at 3 10 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage (DURATION) 13 DAYS

Contributory (Primary.)

Bronchitis Pulmonary Consumption (DURATION) 13 DAYS

(Signed) Edward E. MacKenzie M.D.

Address 1339 W. North Ave.

Date Balto Dec 10th 1908.

Place of Burial Mt Auburn Cemetery

Date Dec 13 1908

Undertaker Felix B Fox

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

C17822

Registered No. C C17822

119

CERTIFICATE OF DEATH.

(Place of Death.) No. Druid Asylum, Mt Royal Terrace, Resevoir St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Prueter Sauerwein

Residence, Give Street and Number, Mt Royal Terrace Reservoir St

Duration of Residence in Baltimore, All her life (Sauerweins)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: October 24th 1844

AGE: 64 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore City

FULL NAME OF FATHER: Robert L. Taylor

BIRTHPLACE OF FATHER (State or county): Baltimore City

MAIDEN NAME OF MOTHER: Sarah Prueter Taylor

BIRTHPLACE OF MOTHER (State or county): Baltimore City

OCCUPATION OF DECEASED: Living at home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice S. Parkhurst M.D.

(Address) 1410 Park Ave

Filed 12/12 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 12 1908

I HEREBY CERTIFY, That I attended deceased from December 9 1908 to Dec 12 1908

that I last saw h er alive on Dec 12 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Due to heart failure

due to acute Syphilis

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Alice S. Parkhurst M. D.

Address 1410 Park Avenue

Date December 12 1908

Place of Burial Green Mt Cemetery

Date Dec 14th 1908

Undertaker Stewart & Brown Co

Address 215 Park Ave

Remarks for Removal 1727 St Paul St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C17823 Registered No. B 1506

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. J. Wolf

{Residence, if in Baltimore, Give Street and Number.} 1618 Hanover St

Duration of Residence in Baltimore. Life. C17823

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 8th 1908

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas. J. Wolf

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Lena Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. J. Wolf

(Address) 1618 Hanover St

Filed 12/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 10th 1908 to Dec. 11th 1908.

that I last saw h alive on Dec. 11th 1908,

and that death occurred, on the date stated above, at 12.

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Heart Disease

(DURATION) 3 DAYS

Contributory (Primary) Congenital Heart disease (DURATION) 3 DAYS

(Signed) J. F. Hawkins M.D.

Address 1608 Light St

Date Dec. 11th 1908

Place of Burial Cedar Hill

Date Dec 12th 1908

Undertaker Jas. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 35 E. Heath St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Decker

{ Residence, if in Baltimore, Give Street and Number. } 35 E. Heath

C 17824

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 15th 1847

AGE 61 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Richmond, Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Martha Crowder

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Home-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Decker

(Address) 1539 Light St

Filed 12/12 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1908 to Dec. 9th 1908

that I last saw h alive on Dec. 9th 1908, and that death occurred, on the date stated above, at 8:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 15 Min.

Contributory (Primary) Uraemia

Bronchitis (DURATION) 120 DAYS

(Signed) J. F. Hawkins M.D.

Address 1160 Light St

Date Dec. 11th 1908

Place of Burial Western

Date Dec 12th 1908

Undertaker Jas. Stauntenbeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 4th — C 17825 — Registered No. [illegible]

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 524 S. Lurzerne St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herr E. Schultz

Residence, Give Street and Number, 524 S. Lurzerne St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: William F. Schultz

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Alida Mertens

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr H. F. Schultz

(Address) 524 S Lurzerne St

Filed 12/12 190 8

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 11 - 08 190

I HEREBY CERTIFY, That I attended deceased from June 190 8 to Dec 11 — 190 8

that I last saw h — alive on Dec 10 190 8

and that death occurred, on the date stated above, at 12.30 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Broncho - Pneumonia

1 month (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis 5 mos (DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address 125 E Pratt

Date Dec - 12/08 190

Place of Burial 1st German Cem

Date Dec 13 th 190 8

Undertaker H Lucas & Son

Address 1820 Eaton Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Reg...

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Monument St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Connie Handy

{Residence, if in Baltimore, Give Street and Number.} 1706 Monument St

Duration of Residence in Baltimore. Six years C17826

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ~~Colored~~ Colored

DATE OF BIRTH ..... 1 .....

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Handy

(Address) 1706 Monument St

Filed 12/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1908 to Dec 9 1908

that I last saw h-er alive on Dec 9 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R. Garland Schmidt M.D.

Address 1424 E and 23 St

Date Dec. 10. 1908.

Place of Burial Mt. Zion

Date Dec 12 1908

Undertaker N. L. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2718 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie L. Oakes

{ Residence, if in Baltimore, Give Street and Number. } 837 W. Lexington St

Duration of Residence in Baltimore. 4 yrs.

C 17827

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 1879

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Boston Mass.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Painter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie M. Oakes

(Address) 837 W Lexington St

Filed ..... 190.....

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 2 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Shock.

Fracture Skull

Internal injuries

Contributory (Primary) (DURATION) DAYS

(DURATION) DAYS

(Signed) Edwin Sullivan M.D. Coroner

Address 1200 N. Charles

Date Dec 10 1908

Place of Burial Loudon Park

Date Dec 12 1908

Undertaker Bertram Bly

Address 1723 W Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

Fell while at work, accidentally

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

HEALTH DEPARTMENT

Registered No. C 17828 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Towson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francisek Tomaschevska

Residence, Give Street and Number, 1108 Towson St

Duration of Residence in Baltimore, 5 days

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Nov. 10 1906

AGE 2 years, 1 months, 2 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Stanislaus Tomaschevska

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Thekla Monkeiwitz

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thekla Tomaschevska

(Address) 1108 Towson St

Filed 12/12 1908 HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 12th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 7 1908 to ~~Dec~~ 12 1908

that I last saw him alive on Dec 11 1908

and that death occurred, on the date stated above, at 7A

M. CAUSE OF DEATH (Secondary or Immediate,)

Lobar pneumonia (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) AKahn M. D.

Address 1510 E. Fort Av

Date Dec 12th 1908

Place of Burial 1st Evangelical Cem.

Date Dec. 13th 1908

Undertaker H. Snyder Sons

Address 1710 Caulton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH.

C 17829

(Place of Death.) No. 2834 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Eva Ulrich

{Residence, if in Baltimore, Give Street and Number.} 2834 Elliott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	March 4, 1840
AGE	68 years, 9 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	German
FULL NAME OF FATHER	Michael M. Herget
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Marie Mathews
BIRTHPLACE OF MOTHER (State or country)	German
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John Ulrich

(Address) 2834 Elliott St

Filed 12/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Dec 10, 1908

that I last saw h alive on 10 1908,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Ascites &
General Dropsy

History (DURATION) 3 DAYS

Contributory (Primary.) Chronic Bright's

Disease History (DURATION) 180 DAYS

(Signed) H. L. Reinhard M.D.

Address 910 S. Canton St

Date Dec 11, 1908

Place of Burial Oak Lawn Cem.

Date Dec 13th 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C17830 Registered

CERTIFICATE OF DEATH.

93

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Georgie Brian

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City

C 17830

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: From 10 1866

AGE: 42 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Mr Brian

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mrs Bruny

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Gaither

(Address) Ellicott City Md.

Filed 12/12 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-12 1908

I HEREBY CERTIFY, That I attended deceased from 12-4- 1908 to 12-12 1908 that I last saw h[illegible] alive on 12-12 1908, and that death occurred, on the date stated above, at 3.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Pleurisy

(DURATION) DAYS

(Signed) Robt C. Day. M.D.

Address University Hospital

Date 12-12 1908

Place of Burial Ellicott City

Date Dec 12 1908

Undertaker W J Pickerssers

Address 925 W Camden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C17831 Registered No. D — 144

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mattie Callis

{ Residence, if in Baltimore, Give Street and Number. } cor. Lombard & Greene Sts.

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 9 1868

AGE: 40 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Robert L. Mariner

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Martha Mitchell

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose B. Callis

(Address) 2112 E. Balto. St.

Filed 12/12 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec., 11th, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1908 to Dec 11th 1908 that I last saw her alive on Dec 11th 1908, and that death occurred, on the date stated above, at 3:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) — DAYS

Contributory (Primary.) Cellulitis

of left arm (DURATION) 11 DAYS

(Signed) Laurence Kolb. M.D.

Address University Hospital

Date Dec. 11 1908

Place of Burial Fonesnood Va.

Date Dec. 13 1908

Undertaker Wm C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

C 17832

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 539 Mc Mechin St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Wm H. Francis

{Residence, if in Baltimore, Give Street and Number.} 539 Mc Mechin

Duration of Residence in Baltimore. 50 yrs

C17832

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR col

DATE OF BIRTH Dont know 1

AGE about 70 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm Francis

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bradley

(Address) 1107 N Fred Ave

Filed 12/12 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1908

I HEREBY CERTIFY, That I attended deceased from Nov 28 1908 to Dec 9 1908 that I last saw h in alive on Dec 9 1908 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAY

Con'ributory (Primary.) Pleuro Pneumonia

(DURATION) 11 DAYS

(Signed) John E Huck M.D.

Address 649 W Lafayette Ave

Date Dec 10 1908

Place of Burial Lamb Cemetery

Date ~~Dec 12~~ Dec 13 1908

Undertaker J. A. Bradley

Address 1107 N Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

Registered No. B 17833

City of Baltimore, (No. 1840 W Balto St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Estella Marie Linney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1884 (Year)

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Wash. D. C.

FULL NAME OF FATHER: Jno. J. Linney

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Katie B. Hutton

BIRTHPLACE OF MOTHER (State or country): Wash. D. C.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. J. Linney

(Address) 1840 W. Balto St.

Filed 12/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 10 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from April 10 1908 to Dec. 10 1908 that I last saw h W alive on Dec. 9 1908, and that death occurred, on the date stated above, at 2:30 P. M. The CAUSE OF DEATH was as follows:

Inflammatory Rheumatism, Peri- and endo-carditis.
1st attack about 12 yrs ago.
Last attack, (DURATION) 9 Months
Contributory Mitral insufficiency.
Exhaustion (DURATION) about 60 DAYS

(Signed) J. Van D. Brown, M. D.

Dec 11 1908 (Address) 315 N. Paca St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Washington D.C.

DATE OF BURIAL: 12-14 1908

UNDERTAKER: Crowley Bros

ADDRESS: 257 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 218 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew J Conner

{ Residence, if in Baltimore, Give Street and Number. } 816 Madison St

C17834

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Fogarty

(Address) 11 Washington

Filed 12/12 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Nov 9 1908 to Dec 10 1908

that I last saw him alive on 1908,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M Martin M.D.

Address Coroner

Date Dec 11 1908

Place of Burial St Patrick

Date Dec 12th 1908

Undertaker Martin Fahey & Sons

Address 626 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

19 C17835

Registered No. B

City of Baltimore, (No. 1418 Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Alice Harper

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH June (Month) 16 (Day) 1836 (Year)

AGE 58 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Pitt Co. N. C.

FULL NAME OF FATHER Henry Sheppard

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marian Pennington Sister

(Address) 1418 Eutaw Place

Filed Dec 12 1908. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Dec 12 1908

that I last saw her alive on Dec 12 1908,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Valvular Heart Disease

(DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) Howard A Kelly M. D.

Dec 12 1908 (Address) 148 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Granville N. C. | DATE OF BURIAL Dec 13 1908

UNDERTAKER Stewart & Mowen Co | ADDRESS 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 Little Greene St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Chambers

{ Residence, if in Baltimore, Give Street and Number. } 806 L Greene St.

Duration of Residence in Baltimore.

C 17836

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: Aug 2 1907	
AGE: 1 year, 8 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: David Chambers	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Vinnie Gunn	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Chambers

(Address) 806 L Greene St

Filed 12/13 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: Dec. 12 1908	

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1908 to Dec. 12 1908

that I last saw him alive on Dec. 11 1908,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

Contributory (Primary.) Exhaustion (DURATION) 4 DAYS

(Signed) Wm Swagger M.D.

Address 914 Edmondson Ave

Date December 13th 1908

Place of Burial Mt Auburn Cemetery

Date Dec. 13 1908

Undertaker Wm H Poole

Address 1609 Little Pacific St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1226 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elisabeth Lee

{Residence, if in Baltimore, Give Street and Number.} 1228 Jefferson St

Duration of Residence in Baltimore. 50 yrs. C17837

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	— — 1
AGE	70 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Jeffrey Stanley
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Lina Chapman
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) daughter

(Address) 1228 Jefferson St

Filed 12/13 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 — 1908

I HEREBY CERTIFY, That I attended deceased from Nov 16 — 1908 to Dec 10 — 1908 that I last saw her alive on Dec 10 — 1908; and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Apoplexy
Ex Coma

(DURATION) 3 DAYS

Con'tributory (Primary.) Acute Enteritis about 8 days

(DURATION) — DAYS

(Signed) W. J. C. Harris M.D.

Address 1344 Druid Hill Ave

Date Dec 12 — 1908

Place of Burial Laurel

Date Dec 13 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH. C 178381 0

(Place of Death.) No. 1049 N. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julia Stinnard

{ Residence, if in Baltimore, Give Street and Number. } 1049 N. Durham Street

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Smith

(Address) 1049 Durham St

Filed 12/13 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1908 to Dec. 11 1908

that I last saw h[illegible] alive on Dec. 11 1908,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

one month (DURATION) ..... DAYS

Contributory (Primary.) Cold

(DURATION) ..... DAYS

(Signed) Geo. W. Simpson M.D.

Address 1026 N. Broadway

Date Dec. 12th 1908.

Place of Burial Mt Olivet

Date Dec 14 1908

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 017839

017839

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 613 Pierce St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Walls

Residence, Give Street and Number, 613 Pierce St.

Duration of Residence in Baltimore, 4 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Joseph Hicks

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Ella Hicks

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Walls

(Address) 613 Pierce St

Filed 12/13 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 22 1908 to Dec 12 1908

that I last saw h[er] alive on Dec 10 1908

and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

(DURATION) (51) DAYS

Contributory (Primary) Phthisis Pul.

(DURATION) (1) DAYS

(Signed) H S M Caul M. D.

Address 2005 Druid Hill Av

Date Dec 13 1908

Place of Burial Dennis Bray Baltimore

Date Dec 14 1908

Undertaker R St Elliott

Address 506 Rogers Ave

Remarks .....

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C17840 — Registered No. C C17840

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 571 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Smith

Residence, Give Street and Number, 571 Union St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male — COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE about 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leon Lewis

(Address) 909 Vine Court

Filed 12/13 1908 HARRY C. ANDREAS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 11 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

about 3 weeks (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Laf. Ave (Corner)

Date Dec 11 1908

Place of Burial Mt Auburn Cemetery

Date Dec 13 1908

Undertaker R A Elliott

Address 506 Rogers Ave

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — Registered No. C 17841 (C 17841) 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 642 Bradley St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Smith

Residence, Give Street and Number, 642 Bradley St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Nettie Gunn

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Gunn

(Address) 642 Bradley St.

Filed 12/13 1908 HARRY C. ANDE... PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 11 1908.

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital Debility

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Sir a Balcomin M. D.

Address 700 N. Laf Ave (Coroner)

Date Dec 11 1908

Place of Burial Mt Auburn Cemetery

Date Dec 13 1908

Undertaker R A Elliott

Address 506 Rogers Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W 1 C17842 Registered No. B C17842

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Elsie Carr

{Residence, if in Baltimore, Give Street and Number.} Aberdeen, Maryland

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Wm Carty

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna West

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Frank Carr

(Address) Aberdeen Md.

Filed 12/13 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3 1908 to Dec 12 1908

that I last saw h[er] alive on Dec 12 1908,

and that death occurred, on the date stated above, at 1155

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilitation due

Oedema of Lungs

(DURATION) 4 hrs DAYS

Contributory (Primary) Typhoid Fever

Suspected (DURATION) DAYS

(Signed) Robt C. Day M.D.

Address University Hospital

Date Dec 12 1908

Place of Burial Aberdeen Md

Date Dec 13 1908

Undertaker W J Pickner & Sons

Address 425 W Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17843 Registered No. B C17843

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 617 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Colvert

{Residence, if in Baltimore, Give Street and Number.} 617 Lemmon Street

Duration of Residence in Baltimore. 32 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	July 16 1825
AGE	83 years, 4 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Phila - Pa.
FULL NAME OF FATHER	Dayton Husted
BIRTHPLACE OF FATHER (State or country)	New Jersey.
MAIDEN NAME OF MOTHER	Annie Dufferd.
BIRTHPLACE OF MOTHER (State or country)	New Jersey
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Clark

(Address) 617 W Lemon st

Filed 12/13 190 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12 1908

I HEREBY CERTIFY, That I attended deceased from June 1908 to December 1908 that I last saw her alive on December 11 1908, and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Brumaugh M.D.

Address 1618 Madison ave.

Date Dec. 12 1908

Place of Burial St. Georges Del.

Date Dec. 14 1908

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B C17844

C17844

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 659 E Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miles Conrad Arnold

{Residence, if in Baltimore, Give Street and Number.} 659 E Clement St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 26 1898

AGE: 10 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Arnold

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Warfield

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emma Arnold

(Address) 659 E Clement St

Filed 12/13 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8 1908 to Dec 12 1908 that I last saw h alive on Dec 12 1908 and that death occurred, on the date stated above, at 7.30 a M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 5 DAYS

(Signed) Nurse Stifler M.D.

Address 1409 Light St

Date Dec 12 1908

Place of Burial Western Cem.

Date Dec 14 1908

Undertaker Edward J Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 24

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 47845

CERTIFICATE OF DEATH.

47

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 1206 Riverside Ave St.

Full Name Genevieve Wiesman

Residence, Give Street and Number, 1206 Riverside Ave

Duration of Residence in Baltimore, 56 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH July 6. 1833

AGE 75 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Straub

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Sonntag

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Katzenberger (daughter)

(Address) 1209 Riverside Ave

Filed 12/13 190 8 HARRY C. PERMIT Clerk Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 10 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Rheumatism

Valvular disease of the heart

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Dr. W. Leinhardt M. D.

Address Coroner

Date December 10 1908

Place of Burial Holy Cross Cem

Date Dec. 14 1908

Undertaker J. W. Schaefer & Son

Address 1201 Eutaw St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 X

Registered No. B C17846

C17846

134

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Inf. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Carrie Quakenbush Connorton

{Residence, if in Baltimore, Give Street and Number.} 330 E. 22nd St.

Duration of Residence in Baltimore. 5 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 9, 1887

AGE: 21 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West. Virginia

FULL NAME OF FATHER: Melvin D. Mutter.

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Holliday

(Address) Church Home & Inf.

Filed 12/13 1908

EARL C. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 11 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1908 to Dec. 11 1908

that I last saw her alive on Dec. 11 1908

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

about (DURATION) 1 DAY.

Con'tributory (Primary) Pernicious vomiting of pregnancy (DURATION) 40 DAYS.

(Signed) W. M. Holliday M.D.

Address Church Home & Inf.

Date Dec. 12 1908

Place of Burial Philippi West Virginia

Date Dec 13th 1908

Undertaker Undertaker John W. Teufel.

Address 501 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17847 C17847

Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Franklin Sq. Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles T. Fanning

{Residence, if in Baltimore, Give Street and Number.} 1536 Burrough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 10 1883
AGE	25 years, 5 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Frank Fanning
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Elizabeth McWhitridge
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Fanning

(Address) 1536 Burrough St

Filed 12/13 1908 WM. C. ARLEDGE. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 11 1908 that I last saw h-- alive on Dec 11 1908, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 3 hrs. DAYS

Contributory (Primary.) Valvular disease of heart (DURATION) ? DAYS

(Signed) Ralph Coffey M.D.

Address Franklin Sq. Hosp.

Date 12/18/08 190

Place of Burial St. Vincents

Date Dec 14th 190 8

Undertaker Chas F. Evans

Address 118 W. Mt. Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 Registered No. C 17848

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 3 W. Williamson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Brown

Residence, Give Street and Number, 3 W. Williamson St

Duration of Residence in Baltimore, 70 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR Colored

DATE OF BIRTH Don't know

AGE 79 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Winchester Va.

FULL NAME OF FATHER Charles Brown Sr

BIRTHPLACE OF FATHER (State or county) Va.

MAIDEN NAME OF MOTHER Charlotta Johnson

BIRTHPLACE OF MOTHER (State or county) Va.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Brown wife

(Address) 3 W Williamson St

Filed 10/13 190 8 HARRY C. [illegible] Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 10 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Organic disease of the heart

(DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Ed M Reinhardt M. D.

Address Coroner

Date December 10 1908

Place of Burial National Cemetery

Date Dec. 13, 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 Registered No. B C17849

CERTIFICATE OF DEATH.

(Place of Death.) No. 344 Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Heinzmann Rogers

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

C17849

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 5th 1908
AGE	..... years, 6 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Louis C Heinzenberger
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Ida M. Pole
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis C Heinzenberger

(Address) 344 S. Fulton Ave.

Filed Dec 13 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1908 to Dec 11th 1908

that I last saw him alive on Dec 11th 1908, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) 3 DAYS

Contributory (Primary) Bronchopneumonia

(DURATION) 5 DAYS

(Signed) J H Heinrich M.D.

Address 22 W Camden St.

Date 12/12/08 1908

Place of Burial Western Cemetary

Date Dec. 14th 1908

Undertaker A. Jones

Address 216 N Stricker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 17850

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 McCulloh St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Levi S White

Residence, Give Street and Number, 1118 McCulloh St.

Duration of Residence in Baltimore, 72 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: January 8th 1825

AGE: 83 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Philadelphia Pa

FULL NAME OF FATHER: James B White

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: Maria Stratton

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Court Bailiff

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A White

(Address) 1027 W Madison St

Filed 12/14 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 12 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Dec 12 1908

that I last saw him alive on Dec 12 1908

and that death occurred, on the date stated above, at 3 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Acute Indigestion

(DURATION) 9 hrs ~~DAYS~~

Contributory (Primary) Age - 84 yrs old.

(DURATION) DAYS

(Signed) J Leubscher M. D.

Address 1025 Madison Ave

Date Dec 13 1908

Place of Burial Loudon Park Cemetery

Date December 1908

Undertaker Stewart & Bowen Co

Address 215 Park Ave

Remarks

Dr Leubscher 1025 Madison Ave.

...DEPARTMENT, City of Baltimore.

C17851

Ward 1 C17851 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Leroy Peacock

{Residence, if in Baltimore, Give Street and Number.} 723 N Chester St

Duration of Residence in Baltimore... 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR White.

DATE OF BIRTH June 29 1

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Frank Peacock

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Ida Shelton

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Peacock

(Address) 723 Chester St.

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8 1908 to Dec 10 1908

that I last saw h[illegible] alive on Dec 10 1908,

and that death occurred, on the date stated above, at 6-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 4 DAYS

Contributory (Primary.) Interstitial Nephritis

Chronic Cardiac Hypertrophy (DURATION) 90 DAYS

(Signed) Lawrence Roth M.D.

Address University Hospital

Date December 10th 1908

Place of Burial Catalpa ✓

Date Dec. 14. 08 1908

Undertaker Wm. Cook

Address 502 E Northam

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C17852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C17852

City of Baltimore, (No. 517 N. Bond St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George J. Burton

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W.
DATE OF BIRTH (Month, Day, Year)	Aug. 18 1855
AGE	53 years, 3 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	William Burton
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Nettie Stumpf

(Address) 712 Hull St

Filed 12/12 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 (Month) 12 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1908 to Dec 12 1908.

that I last saw h[illegible] alive on Dec 10 1908,

and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) 9 Mos.

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) F. Edelen M.D.

Dec 12 1908 (Address) 209 Hamilton St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oakland	Dec 14 1908
UNDERTAKER	ADDRESS
Wm Cook	502 E North

Ward 10 C17853 Registered No. B C17853

CERTIFICATE OF DEATH.

137

(Place of Death.) No. Community Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Dorgan

{ Residence, if in Baltimore, Give Street and Number. } 121 N. Carrollton Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) ~

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. W. Berger

(Address) 121 N. Carrollton Ave

Filed 12/14 1908 BARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1908 to Dec 11 1908 that I last saw h-- alive on Dec 11 1908, and that death occurred, on the date stated above, at 8 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(DURATION) 12 DAYS

Contributory (Primary.)

Pneumonia (DURATION) DAYS

(Signed) G. W. Hammond M.D.

Address Community Hospital

Date Dec. 12th 1908

Place of Burial Western Cem

Date Dec 15/08. 1908

Undertaker Wm Cook

Address 502 E. North. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person having charge of the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, age, condition (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 17854

W

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matthew Clarey

Residence, Give Street and Number, 211 East St.

Duration of Residence in Baltimore, 49 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower.

BIRTHPLACE (State or county): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Brannen

(Address) 211. Heath St

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 12 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 9 1908 to Dec. 12 1908

that I last saw h in alive on Dec. 12 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

General Septicaemia.

(DURATION) DAYS

Contributory (Primary) Infected arm-

Delirium Tremens (DURATION) DAYS

(Signed) Wm. Schmitz M. D.

Address City Hospital

Date Dec. 12 1908

Place of Burial Cathedral

Date Dec 15/908 1908

Undertaker [illegible]

Address 502 E Hartford

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) and the **cause and date of death.**

C17855

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17855

City of Baltimore, (No. 743 Ramsay St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Barbara E White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 18 (Month) (Day) 1833 (Year)

AGE: 74 years, 11 months, 13 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto County Md

FULL NAME OF FATHER: Chas B Jones

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Christina Dames

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Streetz

(Address) 743 Ramsay St

Filed 12/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: DEC 13 1908 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1908 to Dec 13th 1908

that I last saw h alive on Dec 12th 1908

and that death occurred, on the date stated above, at 1 1 a M. The CAUSE OF DEATH was as follows:

Edema of Lungs

30 hrs (DURATION) DAYS

Contributory —

— (DURATION) DAYS

(Signed) H. F. Lull M. D.

Dec 13th 1908 (Address) 100 E Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Govans — DATE OF BURIAL: Dec 16 1908

UNDERTAKER: Lowe Cook — ADDRESS: 602 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C17856 Registered No. B C17856

CERTIFICATE OF DEATH. 151

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Donald Stewart

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Oct 16 1907

AGE ..... years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp

Filed 12/14 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov 19 1908 to Dec 11 1908 that I last saw h.. alive on Dec 11 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) G. T. Buxton M.D.

Address 222 E. Cross St

Date Dec 12 1908

Place of Burial London Park

Date Dec. 14. 1908

Undertaker Geo J Smith & Co

Address 1008 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17857 Registered No. B C17857

CERTIFICATE OF DEATH.

146

(Place of Death.) No. 14 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Erma Lenora Kulms

{ Residence, if in Baltimore, Give Street and Number. } 14 N. Stricker St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 13th 1908

AGE: 3 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: George Colvin Kulms

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: ada Galvin

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ada Kulms

(Address) 14 N. Stricker St

Filed 12/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7th 1908 to Dec 11" 1908 that I last saw her alive on Dec 11th 1908 and that death occurred, on the date stated above, at 7.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary.) Mastoiditis

(Meningitis) (DURATION) 3 DAYS

(Signed) Dr O Blaney M.D.

Address 1103 E. Edmondson

Date Dec 12" 1908

Place of Burial London Park

Date December 14 1908

Undertaker Joseph B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B C17858

C17858

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 806 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William N. Cassell

{Residence, if in Baltimore, Give Street and Number.} 806 Raborg St.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — — 1847

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Robert Cassell

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann Maria Hooper

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Draymen

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Cassell

(Address) 539 W. Mosher St.

Filed 12/14 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12th 1908.

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1908 to Dec 12 1908 that I last saw h im alive on Dec 10 1908, and that death occurred, on the date stated above, at 8 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (DURATION) 60 DAYS

Contributory (Primary) Enteritis & Cardiac Weakness (DURATION) 90 DAYS

(Signed) Edward Eel Mackenzie M.D.

Address 1339 W. North Ave.

Date Dec 12th 1908.

Place of Burial Mt. Auburn Cem.

Date Dec. 14 1908

Undertaker John H. Cadman

Address 172 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 17859

C17859

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Schaeffer

Residence, Give Street and Number, 1438 N. Gay St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Schaffer

(Address) 1438 N Gay St

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 12 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1908 to Dec. 12 1908

that I last saw h im alive on Dec. 12 1908

and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Toxaemia.

(DURATION) ..... DAYS

Contributory (Primary) Carcinosis of Liver (DURATION) ..... DAYS

(Signed) Wm Schmitz M. D.

Address City Hospital

Date Dec. 12 1908

Place of Burial Potters Field

Date Dec 14 1908

Undertaker J E Hough Co

Address 911 E 22 Baltimore

Remarks This body has been removed without a removal permit RHH

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C17860 — Registered No. C C17860 — 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dennis Lean

Residence, Give Street and Number,

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W. +

DATE OF BIRTH November 26 1908

AGE 1 years, months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER James Lean

BIRTHPLACE OF FATHER (State or couuty) Baltimore

MAIDEN NAME OF MOTHER Mary Queen

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincents Infant Asy.

(Address)

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 11 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 8 1908 to Dec. 11 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M. D.

Address 1002 W Lafayette

Date Dec 12 1908

Place of Burial New Cathedral

Date Dec 14 1908

Undertaker Jos. Stumbeck

Address 1318 Light St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C17861

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C17861

City of Baltimore, (No. 510, S. Washington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. McCuskers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. (Month) 11 (Day) 1829 (Year)

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Michael Kerr

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Cullen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Thomas McCusker

(Address) ~~1914~~ E. 510 S. Washington

Filed 12/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 12 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 4th 1908 to Dec 12th 1908

that I last saw her alive on Dec 12 1908

and that death occurred, on the date stated above, at 5.35 P. M. The CAUSE OF DEATH was as follows:

Old age

..... (DURATION) ..... DAYS

Contributory weakness & debility

..... (DURATION) ..... DAYS

(Signed) R. T. Hardy M. D.

Dec 13 1908 (Address) 1906 Park St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Patricks

DATE OF BURIAL: Dec. 16 1908

UNDERTAKER: Jos. J. Kerr

ADDRESS: 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C17862

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C17862

City of Baltimore, (No. 1608, Eoole St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margarett Spear

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov 8 14 1867 (Month) (Day) (Year)
AGE	41 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Lawarer Bartel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Barthem Aultmyer
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Spear

(Address) 1608 Eoole St

Filed 12/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 13 1908 that I last saw her alive on Dec 5 1908, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

13 mos (DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) Rynster Dull M. D.

Dec 14 1908 (Address) 1733 Linden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Dec 14 1908
UNDERTAKER	ADDRESS
A Knell & Son	807 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17863

Ward 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 N Central Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Kate Lyons

Residence, Give Street and Number, 825 N Central Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W

DATE OF BIRTH 1

AGE 46 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Thomas J. Lyons

(Address) 825 N. Central Ave.

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 12 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Fred'k Carter M. D.

Address Arcade Md

Date Dec 13 1908

Place of Burial Holy Cross Cemetery

Date Dec. 15 1908

Undertaker Henry Storck & Son

Address 1301 E Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 C17864 Registered No. B C17864

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 809 Lemmett St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Patrick Kegan.

{Residence, if in Baltimore, Give Street and Number.} 809 Lemmett St.

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Patrick Keegan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Livery-man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elizabeth Wallace

(Address) 809 Lemmett St.

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1908 to Dec. 13th 1908

that I last saw h alive on 11 1908

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate

Lobar Pneumonia.

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J.B. Fisher M.D.

Address 9.E. Biddle St.

Date Dec. 14 1908

Place of Burial New Cathedral Cemetery

Date Dec. 15 1908

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, ***sex***, ***age***, ***condition*** (whether married or single), ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C C17865

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 932 Aisquith St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward J. Radigan

Residence, Give Street and Number, 932 Aisquith St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: W Lite

DATE OF BIRTH: 1

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Ceity

FULL NAME OF FATHER: John J. Radigan

BIRTHPLACE OF FATHER (State or county): Ceity

MAIDEN NAME OF MOTHER: Annie L. Doyle

BIRTHPLACE OF MOTHER (State or county): Ceity

OCCUPATION OF DECEASED: Shirt Cutter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mamie Fields

(Address) 932 Aisquith St.

Filed 12/14 1908 HARRY C. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 13th 1908

I HEREBY CERTIFY, That I attended deceased from about 1st Sept 1908 to 13th Dec 1908

that I last saw him alive on about 1st Dec 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Dyspepsia

Contributory (Primary) Phthisis Pulmonalis (DURATION) about 180 DAYS

(Signed) H. E. Reynolds M. D.

Address 829 W Chase St

Date Dec 14th 1908

Place of Burial New Cathedral Cemetery

Date Dec. 16th 1908

Undertaker Henry Horck & Son

Address 1301 E Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C17866 Registered No. B C17866

150c

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Max and Rachel Fraenkel (~~Baby~~)

{Residence, if in Baltimore, Give Street and Number.} 333 S. Bond st.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: Dec. 13, 1908

AGE: 0 years, 0 months, 1 day

SINGLE, ~~MARRIED WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Max Fraenkel

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Rachel Tolkoff

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Fraenkel

(Address) 333 S. Bond st

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1908 to Dec. 13, 1908 that I last saw h~~er~~ alive on Dec. 13, 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion,
following Asphyxia.

(DURATION) 1 DAYS

Contributory (Primary.) Enlarged Thymus (DURATION) 1 DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Johns Hopkins Hospital

Date Dec 14, 1908

Place of Burial Hebrew Boundary Cemetery

Date Dec 14, 1908

Undertaker Max Levine

Address 1820 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17867 Registered No. B C17867

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 202 E Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia A Hoofnagle

{Residence, if in Baltimore, Give Street and Number.} 202 E. Lanvale st

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 10th 1860

AGE: 48 years, 7 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Richard D. Hoofnagle

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Comfort Poulton

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma J Hoofnagle sister

(Address) 202 E Lanvale st

Filed 12/14 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12. 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 1. 1904 to Dec. 12. 1908 that I last saw h er alive on .. . 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs

(DURATION) 14 DAYS

Contributory (Primary.) Dilatation of heart (DURATION) DAYS

(Signed) Geo A Hartman M.D.

Address 1121 N Caroline St.

Date Dec. 13. 1908

Place of Burial London Park Cemetery

Date December 16th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C17868 Registered No. B C17868

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1529 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. E. Daniels

{Residence, if in Baltimore, Give Street and Number.} 1529 E. Madison st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 21st 1892

AGE: 16 years, 5 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph T Daniels

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ella F Dare

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Joseph T. Daniels

(Address) 1529 E Madison st

Filed 12/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13-1908

I HEREBY CERTIFY, That I attended deceased from July 28- 1908 to Dec. 13- 1908 that I last saw him alive on Dec. 12- 1908, and that death occurred, on the date stated above, at 9-45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Right hemiplegia

(DURATION) 8 DAYS

Contributory (Primary.) Valvular heart disease (DURATION) — DAYS

(Signed) Edwin B. Feuby, M.D.

Address 1219 N. Carolina st

Date December 13- 1908

Place of Burial London Park Cemetery

Date December 16th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C17869 Registered No. B C17869

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 749 N. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda S. McSherry

{Residence, if in Baltimore, Give Street and Number.} 749 N. Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Aug 17 1850

AGE 58 yrs, 4 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane E. McSherry

(Address) 709 Hanover St

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov 6 1908 to DEC 12 1908

that I last saw her alive on DEC 12 1908,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1/2 DAYS

Contributory (Primary.) Acute Nephritis

Et Bronchitis (DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date December 12 1908

Place of Burial Stone Chapel Balto Co Md

Date Dec 15 1908

Undertaker Chas. E. Francis

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 "A"

C17870 Registered No. B C17870

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 432 East 23 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A. Barlow

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. Four days

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: Dec. 12th 1908	
AGE: 77 years, 10 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

—

(Informant)

—

(Address)

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 10 1908

that I last saw h[illegible] alive on Dec 10 1908

and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy, was un-
conscious When I saw.

(DURATION) DAYS

Contributory (Primary)

(DURATION) 4 DAYS

(Signed) J. W. Talbert M.D.

Address 211 W. Lanvale

Date Dec 14, 1908

Place of Burial Long Green Md

Date Dec 15th 1908

Undertaker Wade Bros & Hess

Address Long Green P.O. Balto. Co. Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C17871 Registered No. B C17871

CERTIFICATE OF DEATH. 43

(Place of Death.) No. 2509 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lilly M. Thompson

{Residence, if in Baltimore, Give Street and Number.} 2509 Maryland Ave

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 11 1860

AGE: 48 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Jas Mahool

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Jamie H Mahool

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H M Thompson

(Address) 2009 Md ave

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1908

I HEREBY CERTIFY, That I attended deceased from Sep 1907 to Dec 13 1908 that I last saw h[er] alive on Dec 13 1908, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Septic Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Consumption of right breast (DURATION) 5 Years

(Signed) G H Everhart M.D.

Address 600 W 25th

Date Dec 14 1908

Place of Burial Druid Ridge

Date Dec. 2 1908

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C17872 Registered No. B C17872

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home = infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances M.C Barclay

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 12th 1908

AGE ✓ years, ✓ months, 1/2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED New Born

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert C. Barclay

BIRTHPLACE OF FATHER (State or country) N. J.

MAIDEN NAME OF MOTHER Anneta C. Goldsborough

BIRTHPLACE OF MOTHER (State or country) Md —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. C. Barclay

(Address) 216 E. Preston

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12th — 1908

I HEREBY CERTIFY, That I attended deceased from 10.30 A.M. Dec 12 1908 to 10.30 P.M. Dec 12 1908 that I last saw h.. alive on Dec 12 1908, and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity
(8 month Fetus)

(DURATION) 1/2 DAY

Con'tributory (Primary.) Toxaemia of Pregnancy

(DURATION) ? DAYS

(Signed) J. Morris Simons M.D.

Address 23 W. Chase St

Date Dec 13 — 1908

Place of Burial Loudon Park

Date Dec. 14 = 1908.

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C17873 Registered No. B C17873

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Henneke

{Residence, if in Baltimore, Give Street and Number.} 210 N. Castle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 29th 1882

AGE: 26 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Frederick Henneke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Thirsa

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Henneke

(Address) 210 N. Castle St.

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1908

I HEREBY CERTIFY, That I attended deceased from Nov 29 1908 to Dec 11 1908

that I last saw him alive on Dec 11 1908, 9 15

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Myelitis ascending

(DURATION) 13 DAYS

Contributory (Primary) Cardiac failure

(DURATION) 2 hrs ~~DAYS~~

(Signed) J. T. Rosser M.D.

Address 1904 E. Fayette St

Date Dec 12 1908.

Place of Burial Holy Redeemer Cemetery

Date DEC 15 1908 190

Undertaker Lilly and Zeiler

Address 405 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C17874 Registered No. B C17874

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 244 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John S. Zeiler

{Residence, if in Baltimore, Give Street and Number.} 244 S. Wolfe St

Duration of Residence in Baltimore. 68 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 6th 1839

AGE 69 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas G. Zeiler

(Address) 244 S Wolfe St

Filed 12/14 1908 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1908 to Dec 12, 1908 that I last saw h[illegible] alive on Dec 11, 1908, and that death occurred, on the date stated above, at 1.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Arthritis

(DURATION) 42 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Dec. 12, 1908

Place of Burial Holy Redeemer Cemetery

Date DEC 16 1908 190

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 — C17875 Registered No. B C17875

CERTIFICATE OF DEATH.

(Place of Death.) No. 1030 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary K. Plitt

{Residence, if in Baltimore, Give Street and Number.} 103 Hanover

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 23rd 1880

AGE: 28 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Alfred Treedy

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary E. Elliott

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Louis Plitt

(Address) 1020 Hanover St

Filed 12/14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 13" 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Dec 13 1908

that I last saw h[illegible] alive on Dec 11 1908, and that death occurred, on the date stated above, at 4.15 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 7 mos DAYS

(DURATION)

(Signed) H. Kerdaud M.D.

Address 1228 Druid Hill Ave

Date Dec 13" 1908

Place of Burial Mount Olivet Cem

Date Dec 15 1908

Undertaker E. Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 6 — Registered No. B C17876

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 Calvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Klein

{Residence, if in Baltimore, Give Street and Number.} 524 Calvin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 14 1886

AGE: 22 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Hogan

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Boyle

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 524 Calvin St.

Filed Dec 14 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Apr. 1908 to Dec 13 1908

that I last saw her alive on Dec. 12 1908,

and that death occurred, on the date stated above, at 3-20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Phthisis

(DURATION) 8 mo DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Stapleton M.D.

Address 1216 N. Caroline St.

Date Dec. 14, 1908

Place of Burial Holy Cross

Date Dec 16 1908

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5th

Registered No. B 21877

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 507 N Exeter St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Franklin Bonner

{Residence, if in Baltimore, Give Street and Number.} 507 N Exeter St

Duration of Residence in Baltimore. 16 months

C17877

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W Lite
DATE OF BIRTH	July 17 1907
AGE	years, 16 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	David Bonner
BIRTHPLACE OF FATHER (State or country)	New York State
MAIDEN NAME OF MOTHER	Katherine Lusby
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Bonner

(Address) 507 N. Exeter St.

Filed Dec 14 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1907

I HEREBY CERTIFY, That I attended deceased from Dec 12 1907 to Dec 13 1907

that I last saw him alive on Dec 13 1907

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Bronca-Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Coryza

Transverse colitis (DURATION) 7 DAYS

(Signed) Joseph L. Valentine M.D.

Address 16 S Broadway

Date Dec 14 1907

Place of Burial St Vincent's Cem.

Date Dec 15 1907

Undertaker J. E. Evans.

Address 1428 S Charles St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward IV

Registered No. B C17878

CERTIFICATE OF DEATH.

(Place of Death.) No. Chas St Ave & Abell Gate St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Kessler

{ Residence, if in Baltimore, Give Street and Number. } 641 W. Lanvale St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Steward Tad Club.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leroy Kessler

(Address) Baltimore Md

Filed 12/15 1908 JAMES C. INGRAM, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to ~~Dec~~ 190

that I last saw him ~~alive~~ on ~~Dec~~ 190

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Fracture Skull

from Automobile

accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexander Lichtenstein M.D. Coroner

Address 1800 E. Chase St

Date Dec 14 1908

Place of Burial Arlington Va.

Date Dec 15 1908

Undertaker Gilbert E Gudelsky

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C17879 Registered No. B C17879

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman Lane

{ Residence, if in Baltimore, Give Street and Number. } 912 Druid Hill Ave

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1878

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George H. Lane

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maria Gamely

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Lane

(Address) 912 Druid Hill Ave

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13. 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1908 to Dec 13. 1908 that I last saw him alive on Dec. 13. 1908, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 4 mo.

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. G. Clark M.D.

Address 901 Myrtle Ave.

Date Dec. 14 1908

Place of Burial Mt Auburn Cet

Date Dec. 15th 1908

Undertaker A. L. Brown and Son

Address 108 W. Montgomery st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C17880 Registered No. B C17880

CERTIFICATE OF DEATH.

(Place of Death.) No. 538 Brunswick St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roland Chester Crisp.

{Residence, if in Baltimore, Give Street and Number.} 538 Brunswick St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 1st 1908

AGE: ..... years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Alvin C. Crisp

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Ellen Rodgers

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alvin C. Crisp

(Address) 538 Brunswick St.

Filed 12/15 1908 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 9. 1908 to Dec 13. 1908

that I last saw h— alive on Dec 13 1908.,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 5. DAYS

Contributory (Primary) Collapse

(DURATION) 1/4 DAYS

(Signed) A. Wilson M.D.

Address 1735 Aisquith St

Date Dec 14 1908

Place of Burial New Cathedral

Date Dec 15 " 1908

Undertaker N. S. Frink

Address 2113 N. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C17881 Registered No. B C17881

99

CERTIFICATE OF DEATH.

(Place of Death.) No. 1365 Woodyear St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William A Plater.

{ Residence, if in Baltimore, Give Street and Number. } 1365 Woodyear St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH March 20 1864

AGE 44 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Charles County Md.

FULL NAME OF FATHER Jno Plater

BIRTHPLACE OF FATHER (State or country) Charles County Md.

MAIDEN NAME OF MOTHER Mary Hawkins.

BIRTHPLACE OF MOTHER (State or country) Charles County Md.

OCCUPATION OF DECEASED Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Shannon

(Address) 700 N. Fulton Ave

Filed 12/15 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Dec 13 1908

that I last saw h[im] alive on Dec 12 1908

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of Lungs.

(DURATION) 12 DAYS.

Contributory (Primary.) Acute Bronchitis

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 700 N. Fulton Ave

Date Dec. 13 1908

Place of Burial Mt Peter

Date Dec 14th 1908

Undertaker Hanna & Daugherty

Address 1314 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C17882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

C17882

Registered No. B .....

City of Baltimore, (No. 1324 W. North Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Emanuel Stern

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Cryer

(Address) 1207 E Balt

Filed 12/15 8 1908

HENRY C. ANDREAS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12 1905 to Dec 13 1908

that I last saw h.. alive on Dec 12 1908,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Cardiac Hemorrhage

(DURATION) 1 DAYS

Contributory

(DURATION) DAYS

(Signed) E. O. Dean M. D.

Dec 13 1908 (Address) 1908 Mt. Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery Co.

DATE OF BURIAL: Dec 15 1908

UNDERTAKER: Farid Southern

ADDRESS: 923 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

78

CERTIFICATE OF DEATH.

Registered No. B C17883

City of Baltimore, (No. 923 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sallie Stern

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: 76 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: — —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Sondheim

(Address) 923 Madison Ave

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 21st 1908 to Dec 13 1908 that I last saw h[er] alive on Dec 13 1908, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) 8 mos

Contributory Arteriosclerosis

(DURATION) — DAYS

(Signed) Louis P. Hamburger M. D.

Dec 15 1908 (Address) 1207 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Hebrew	Dec 16th 1908
UNDERTAKER	ADDRESS
David Sondheim	923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C17884 Registered No. B C17884

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 733 Chappel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Augusta Smith.

{ Residence, if in Baltimore, Give Street and Number. } 733 Chappel St

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Color

DATE OF BIRTH: July 1 1908

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ~~Loch Raven~~ Md

FULL NAME OF FATHER: ~~William Johnson~~ ~~Last Name~~

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah a Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May. Parker

(Address) 729 Chappel st

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Dec 14 1908 that I last saw h[er] alive on Dec 14 1908, and that death occurred, on the date stated above, at 11 70 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) Jay Hudson M.D.

Address 852 W. North Ave

Date Dec 14 1908

Place of Burial Cathedral Cem

Date Dec 16 1908

Undertaker R. L. Parham & Co

Address 1218 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C17885 — Registered No. C C17885

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 N. Madeira St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Jennie Dobson

Full Name ~~Stillborn Child~~

Residence, Give Street and Number, 124 N. Madeira St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: W.

DATE OF BIRTH: Dec. 11, 1908

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: James L. Hobson

BIRTHPLACE OF FATHER (State or county): Balto. Md

MAIDEN NAME OF MOTHER: Catharine Kelly

BIRTHPLACE OF MOTHER (State or county): N. Y.

OCCUPATION OF DECEASED: ~~F~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L. Hobson

(Address) 124 N. Madeira St

Filed 12/15 1908 HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Dec 13 1908

that I last saw h ~~im~~ alive on Dec 13 1908

and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth

T. Mal.

(DURATION) 2 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) F. E. Lilly M. D.

Address 207 Emmart St

Date Dec 14 1908

Place of Burial COLLEGE OF P. & S.

Date DEC 14 1908 190

Undertaker Commissioner

Per. Wm. E. WOODALL.

Address

Remarks FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C17886 Registered No. C C17886

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 124 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Dawson

Residence, Give Street and Number, 124 N Madeira

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR W

DATE OF BIRTH

AGE 1 year 1 month 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant)

(Address)

Filed 12/15 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 12 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1230 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Premature
Uterus Gest. (7 Mo)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred K Cullen M. D.

Address Corner Record

Date Dec. 13 1908

Place of Burial COLLEGE OF P. & S.

Date DEC 14 1908

Undertaker Commissioner Health
Per. Wm. E. WOODALL.

Address

Remarks FOR ANATOMICAL PURPOSES

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17887

CERTIFICATE OF DEATH.

(Place of Death.) No. 2628 Francis St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Doyle. Nicholas. Wartheim

Residence, Give Street and Number, 2628 Francis St.

Duration of Residence in Baltimore, 4 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH Nov 1st 1886

AGE 22 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Carroll Co. Md

FULL NAME OF FATHER George. R. Wartheim

BIRTHPLACE OF FATHER (State or county) Carroll Co. Md

MAIDEN NAME OF MOTHER Alberta Gardner

BIRTHPLACE OF MOTHER (State or county) Carroll Co. Md

OCCUPATION OF DECEASED Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harvey. Alban

(Address) 2628 Francis St.

Filed 12/15 1908 HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 14 1908

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Dec 13 1908

that I last saw him alive on Dec 13 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis,

Probably 2 yrs. (DURATION) DAYS

(Signed) Caroline Murray M. D.

Address 1221 W. Lafayette Ave,

Date Dec 15 '08. 1908

Place of Burial Hampstead Carroll Co.

Date Dec. 17th 1908

Undertaker Wm. E. Chenoweth & Son

Address 919 - 3rd Ave. Hampden.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF THE ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17888

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 Registered No. C 27 C17888

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 N. Castle St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E. Arthur

Residence, Give Street and Number, 1802 N. Castle St

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: Sept 18th 1871

AGE: 37 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: John Arthur

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Eliza Cook

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Delia Arthur

(Address) 1802 N Castle St

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 14th 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1908 to Dec 14th 1908

that I last saw him alive on Dec 13th 1908

and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary tuberculosis

et Asthenia

(DURATION) DAYS

Contributory (Primary)

(DURATION) — DAYS

(Signed) John J. McCauley M. D.

Address 656 W Franklin St

Date Dec 14th 1908

Place of Burial Holy Cross

Date Dec 16th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward C17889 Registered No. C C17889

CERTIFICATE OF DEATH.

(Place of Death.) No. 1441 Patapsco St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert W Dudley

Residence, Give Street and Number, 1441 Patapsco St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Orlando Dudley

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Annie Boerner

BIRTHPLACE OF MOTHER (State or county): Pa

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dudley

(Address) 1441 Patapsco St

Filed 12/15 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 13th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 18th 1908 to Dec 13th 1908

that I last saw him alive on Dec 13th 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis

(DURATION) 7 Months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. J. Odonnell M. D.

Address 1340 S Charles St

Date Dec 14th 1908

Place of Burial Mt Olivet

Date Dec 17/1908

Undertaker Lowe & Son

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17890

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1232 Greenmount Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward J. Elliott

Residence, Give Street and Number, 1232 Greenmount Av

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: John A. Elliott

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Mary Clary

BIRTHPLACE OF MOTHER (State or county): Balto md

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Johanna Elliott

(Address) 1232 Greenmount Av

Filed 12/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 13th 1908

I HEREBY CERTIFY, That I attended deceased from about July 1908 to 13th Dec 1908

that I last saw him alive on about Dec 8 1908

and that death occurred, on the date stated above, at 3.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage

(DURATION) DAYS

Contributory (Primary) Phthisis Pulmonalis

(DURATION) about 120 DAYS

(Signed) Geo B Reynolds M. D.

Address 509 N Charles

Date Dec 13th 1908

Place of Burial Cathedral

Date Dec 16/908 1908

Undertaker McCool

Address 502 E Fayette

Remarks

...City of Baltimore.

Ward 17

C17891 Registered No. B C17891

101

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Family Cohen

{Residence, if in Baltimore, Give Street and Number.} 818 Sharp St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Philip Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Gussie Wenick

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Cohen

(Address) 818 S Sharp St

Filed 12/15 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 14 1908 that I last saw him alive on Dec 14 1908 and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Shock, from operation

(DURATION) 4 DAYS

Contributory (Primary.) Imbecility

(DURATION) DAYS

(Signed) Charles Bagley Jr. M.D.

Address Hebrew Hospital

Date Dec. 15 1908

Place of Burial Hebrew Washington Blvd

Date Dec. 15 1908

Undertaker Mary Lennon

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C17892

C17892

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2832 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Freund

{ Residence, if in Baltimore, Give Street and Number. } 2832 Elliott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 6th 1874

AGE 34 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Decker

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophie Riefer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Freund

(Address) 2832 Elliott St

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1908 to Dec 12 1908

that I last saw her alive on Dec 11 1908,

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Endocarditis

(DURATION) Unknown DAYS

Contributory (Primary.)

Oedema Pulmonalis (DURATION) DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton Av.

Date Dec. 13 1908

Place of Burial Mount Carmel Cem.

Date Dec 15th 1908

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C17893

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 S. Register St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arthur Charles Rosenthal

{Residence, if in Baltimore, Give Street and Number.} 115 S. Register St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 11th 1908

AGE: ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Rosenthal Jr.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Laura Strine

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Rosenthal Jr.

(Address) 115 S. Register St.

Filed 12/15 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 13, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 13, 1908 to Dec 13 1908 that I last saw him alive on Dec 13 1908, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity

About 2 Mos (DURATION) DAYS

Contributory (Primary) Premature Birth (DURATION) DAYS

(Signed) Geo. Fiddler M.D.

Address 1937 Gough St

Date Dec. 14, 1908

Place of Burial Trinity Cemetery

Date Dec. 15th 1908

Undertaker H. Sauder & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. C C17894

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 620 N Port St

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary F. Langley.

Residence, Give Street and Number, 620 N. Port St

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Aug 12 1868

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER John Anton

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Sarah E Patton

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wallbrecht

(Address) 2400 Orleans St

Filed 12/15 1908 HARRY C. ANDREWS PERMIT CLERK (Registrar.)

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 12 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 3/4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

(Sudden)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Camalier M. D.

Address Cor Eutaw & Lanvale

Date Dec. 12—08. 190

Place of Burial Baltimore Cem.

Date Dec. 15th 1908

Undertaker H. Sander & Sons

Address 1710 Caulton Ave

Remarks

Ward 1 Vo C17895 Registered No. B C17895

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1810 N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Bross.

{Residence, if in Baltimore, Give Street and Number.} 1810 N. Franklin St

C17895

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: July 4 1830

AGE: 78 years, 5 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian Bross

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Schlosser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Bross

(Address) 1810 N. Franklin St

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14- 1908

I HEREBY CERTIFY, That I attended deceased from Sept 19 1908 to Dec 14 1908 that I last saw him alive on Dec 13 1908 and that death occurred, on the date stated above, at 6.30 a.m. CAUSE OF DEATH (Secondary or Immediate) Acute Bronchitis complicating Senile Debility-

(DURATION) Months

Contributory (Primary.) Cardiac Asthenia

(DURATION) 2 Weeks

(Signed) Henry C. Ohle M.D.

Address 1203 N. Eighth St

Date Dec 14- 1908

Place of Burial Woodlawn Park

Date Dec 16 1908

Undertaker Chas. E. Francis

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C17896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C17896

City of Baltimore, (No. 1423 Jefferson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Monroe

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Unknown 1
(Month) (Day) Year)

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Mathews

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Sumerville

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Monroe

(Address) 423 Jefferson st

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Dec 13 1908 that I last saw her alive on Dec 13 1908, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Catarrhal Pneumonia

(DURATION) 1 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) W. Clyde Burns M. D.

Dec 13 1908 (Address) 2218 Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL St Peters Cemetery | DATE OF BURIAL Dec 16 1908

UNDERTAKER R A Elliott | ADDRESS 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

80

CERTIFICATE OF DEATH.

Registered No. B 017897

City of Baltimore, (No. 616, Carlton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Cephas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col -

DATE OF BIRTH: March (Month) 12. (Day) 1857 (Year)

AGE: 51 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co.

FULL NAME OF FATHER: Joseph Anderson

BIRTHPLACE OF FATHER (State or country): Howard Co.

MAIDEN NAME OF MOTHER: Caroline Parks

BIRTHPLACE OF MOTHER (State or country): Howard Co.

OCCUPATION OF DECEASED: House Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Johnson

(Address) 1002 Druid Hill Ave

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 13 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 13 1908 to Dec. 13. 1908

that I last saw her alive on Dec. 13 1908,

and that death occurred, on the date stated above, at 12.10 A. M. The CAUSE OF DEATH was as follows:

Angina Pectoris -
Acute attack - Died about
5 minutes after seeing case - (DURATION) ..... DAYS
Contributory Probably Heart
Affection & some kind (DURATION) ..... DAYS

(Signed) E. H. Holbrook, M. D.

12. 13. 1908 (Address) 728 N. Carey st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Zion

DATE OF BURIAL: Dec. 15 1908

UNDERTAKER: R. A. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C17898

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Friedrieka Schuckhardt

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH — 1

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday Supt. BAY VIEW ASYLUM

(Address)

Filed 12/19 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 8 1908

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Dec 8 1908

that I last saw her alive on Dec 1 1908

and that death occurred, on the date stated above, at 1 a m

M. CAUSE OF DEATH (Secondary or Immediate,)

Uremic Coma

— (DURATION) — DAYS

Contributory (Primary) Chronic Nephritis (DURATION) — DAYS

(Signed) H. W. Baker M. D.

Address Bay View Hospital

Date Dec 8 1908

Place of Burial Oak Lawn Cemetery

Date Dec 15th 1908

Undertaker Stewart & Hamm Co

Address 215 & 217 Park Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 4 X

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17899

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Hotel Rennert St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert. S. Dobson

Residence, Give Street and Number,

Duration of Residence in Baltimore, 5 days.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Penn.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. J. R. Markwell.

(Address) Athens Penn.

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 15th 1908

that I last saw h in alive on Dec 15 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Immediate Cause of death. Exhaustion brought about by Cancer of Stomach

Bed sick for 2 years (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) H K Gonzales M. D.

Address 207 N. Liberty St

Date Dec 15th 1908

Place of Burial Athens. Penn

Date Dec. 15th 1908

Undertaker Stewart & Mowen leo

Address 215 Park Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward [illegible] Registered No. C [illegible]

CERTIFICATE OF DEATH.

161

(Place of Death.) No. 2015 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter C. Johnson

Residence, Give Street and Number, 2015 St Paul St C 11900

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH June 20 1878

AGE 30 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER James Thomas Johnson

BIRTHPLACE OF FATHER (State or couuty) Baltimore Md

MAIDEN NAME OF MOTHER Louisa Powell

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Thomas Johnson

(Address) 2015 St Paul.

Filed 12/15 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 14 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Hemiplegia 7 days
jumped from 3rd story window
While temporarily mentally
unbalanced (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Fenton Lattimore Coroner M. D.

Address 1900 N. Charles St

Date Dec 14 1908

Place of Burial Greenmount Cemetery

Date Wednesday December 16 1908

Undertaker David M Klean Co

Address 819-22 Linden Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 8 C17901 Registered No. C C17901

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 1963 Patterson Place St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Kenneth Jonson

Residence, Give Street and Number, 1963 Patterson Place

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH December 29 1907

AGE 1 year, 11 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Charles S Johnson

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Mary Stewart

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Johnson

(Address) 1963 Patterson Place

Filed 12/15 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 14th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 14 1908 that I last saw h er alive on Dec 14 1908 and that death occurred, on the date stated above, at 9 30 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E Stewart M. D.

Address 1419 Eager St

Date Dec 15th 08 1908

Place of Burial Baltimore

Date Dec 15 1908

Undertaker Robt T Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 13 Registered No. C 17902 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 3rd Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah L Day

{ Residence, if in Baltimore, Give Street and Number. } 704 3rd Ave

Duration of Residence in Baltimore. 2 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 9 1824

AGE: 84 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Mary Biggs

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jos D. Barnes

(Address) 704 3rd Ave

Filed Dec 15 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 13 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 13 1908, that I last saw h alive on Dec 13 1908, and that death occurred, on the date stated above, at 5.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Paralysis (DURATION) 3 DAYS

Contributory (Primary.) Old age (DURATION) DAYS

(Signed) [illegible] M.D.

Address 765 3rd Ave

Date Dec 14-08 1908

Place of Burial Woodbine Md

Date Dec 16 1908

Undertaker N. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C17903

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1509 W Franklin St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Cockey Worthington

Residence, Give Street and Number. 1509 W Franklin St

Duration of Residence in Baltimore, One Month.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH 1

AGE 73 years, ——months, ——days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Divorced

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER John Worthington

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Penelope Cockey

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno C. Wells.

(Address) 1509 W. Franklin

Filed Dec 15 1908 HARRY C. ANDREW Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23rd 1908 to Dec 15 1908

that I last saw her alive on Dec 14th 1908

and that death occurred, on the date stated above, at 1230 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Hydatic Congestion
Acute Nephritis of
Asthma

(DURATION) 21 DAYS

Contributory (Primary) Agn.

(DURATION) DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Dec 15th 1908

Place of Burial Diamond Ridge Cem.

Date Dec. 16/1908 190

Undertaker Wm Cook

Address 502 E North Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

129

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C1704

City of Baltimore, (No. 1418 Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Berry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 28 (Month) 15 (Day) 1837 (Year)

AGE: 71 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: William D. Gravatt

BIRTHPLACE OF FATHER (State or country): N. J.

MAIDEN NAME OF MOTHER: Amanda Danser

BIRTHPLACE OF MOTHER (State or country): N. J.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. A. Berry

(Address) Asbury Park N. J.

Filed Dec 16 1908 HARRY C. ANDR[illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1908 to Dec. 15 1908 that I last saw h[illegible] alive on Dec. 15 1908, and that death occurred, on the date stated above, at 11A M. The CAUSE OF DEATH was as follows:

Cardiac Embolism.

..... (DURATION) ..... DAYS

Contributory myocarditis

..... (DURATION) 21 DAYS

(Signed) Howard A Kelly M. D.

Dec 15 1908 (Address) 1418 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Asbury Park N.J. How long at Place of Death? 1 Dy. Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Asbury Park N. J. DATE OF BURIAL: Dec. 16 1908

UNDERTAKER: Stewart & Mowen Co ADDRESS: 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C17905 Registered No. B C17905

CERTIFICATE OF DEATH.

19

(Place of Death.) No. John Hopkins hospitabl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Ferguson

{ Residence, if in Baltimore, Give Street and Number. } Johns Hopkins Hoespital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Dec 14 1869

AGE: 39 years, No months, one days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: William B. Ferguson

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Laura Reeves

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harley Ferguson

(Address) Raynesville N-C-

Filed Dec 16 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 P.M. Dec. 15 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1908 to Dec. 15 1908

that I last saw h[illegible] alive on Dec. 15 1908,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Insufficiency

2. Autopsy knowledge (DURATION) DAYS

Contributory (Primary.) Aortic Insufficiency

2. Autopsy knowledge (DURATION) DAYS

(Signed) P H. Eloraigh M.D.

Address J H Hospital

Date 190

Place of Burial Raynesville N. C.

Date Dec 16. 1908

Undertaker Allen & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. C C17906

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 W Saratoga St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Levinson

Residence, Give Street and Number, 716 W Saratoga St.

Duration of Residence in Baltimore, 18 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR White

DATE OF BIRTH 1

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Bernie Levinson

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Beckie Bertz

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Levinson

(Address) 716 W Saratoga st

Filed Dec 16 " 1908

HARRY C. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15th 1908 to Dec 15th 1908 that I last saw h im alive on Dec 13th 1908 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Angina Pectoris.

(DURATION) ..... DAYS

Contributory (Primary) Nuritis (DURATION) 60 DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Dec 15th 1908

Place of Burial Hebrew Blair Rd Cemetery

Date Dec 16, 1908

Undertaker Max Levinson

Address 1620 McElderry st

Remarks .....

Ward V C17907 Registered No. B C17907

1766

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 Elbow Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Ben and Mary Woods

{Residence, if in Baltimore, Give Street and Number.} 413 Elbow Lane.

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Ben Woods

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Hopper

BIRTHPLACE OF MOTHER (State or country) Annapolis Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ben Woods

(Address) 413 Elbow Lane

Filed 12/16 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Dec 14 1908 that I last saw h alive on Dec 13 1908 and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmorhage

(DURATION) DAYS

Contributory (Primary.) Prolonged Labor

(DURATION) DAYS

(Signed) I W H P Bay M.D.

Address

Date 190

Place of Burial Mt Auburn Cemetery

Date Dec 16 1908

Undertaker Wm H Hooper

Address 601 Little Pacca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or siugle) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C17908 — Registered No. C C17908

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 847 Lemon St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Smallwood

Residence, Give Street and Number, 847 Lemon St

Duration of Residence in Baltimore, Twenty Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX 2 — COLOR C

DATE OF BIRTH Nov 12 1857

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER Frederick Wise

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Wise

(Address) 847 Lemon st

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 13 1908

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

Sudden (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P Wharton Lemme M. D.

Address

Date Dec 15 1908

Place of Burial Mount Auburn

Date Dec 16, 1908

Undertaker Alfred J. Freeland

Address 186 Dolphin St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C17909

Registered No. C C17909

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 N Charles St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hamp b Primrose

Residence, Give Street and Number, 1123 N Charles st

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH, May 3rd 1866

AGE: 42 years, 7 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Wm H Primrose

BIRTHPLACE OF FATHER (State or county): Pennsylvania

MAIDEN NAME OF MOTHER: Josephine Hand

BIRTHPLACE OF MOTHER (State or county): Pennsylvania

OCCUPATION OF DECEASED: Civil Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Primrose

(Address) Catonsville Md

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: DEC 15 1908

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to DEC 15 1908

that I last saw him alive on DEC 14 1908

and that death occurred, on the date stated above, at 1205 A-M.

CAUSE OF DEATH (Secondary or Immediate,)

Asphyxia

(DURATION) 2 DAYS

Contributory (Primary) Hepatitis

(DURATION) 2 yrs DAYS

(Signed) Lee L Fetterhoff M. D.

Address N. E. Cor. Lafayette & Carrollton Aves

Date DEC 15 1908

Place of Burial London Park Cemetery

Date December 17th 1908

Undertaker Stewart & Warren Co

Address 215 Park ave

Remarks

Dr, Fetterhoff Carrollton ave & Lanvale St

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT AND SIGN THE BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C17910 — Registered No. C C17910

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1600 Madison ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Farland Lowe

Residence, Give Street and Number, 1600 Madison AVE

Duration of Residence in Baltimore, about 30 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: white

DATE OF BIRTH: Dec 16 1837

AGE: 70 years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: widow

BIRTHPLACE (State or county): Talbot co. Md

FULL NAME OF FATHER: James M. Deth

BIRTHPLACE OF FATHER (State or county): Talbot Co. Md.

MAIDEN NAME OF MOTHER: Louisa Frazier Farland

BIRTHPLACE OF MOTHER (State or county): Talbot Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louis L. Ensey

(Address) 1600 Madison ave

Filed 12/16 1908 — HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from Oct 5 1908 to Dec 15 1908 that I last saw h[er] alive on Dec 14 1908 and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate,)

dilation of heart

2 months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) James C. Clark M. D.

Address 1201 Madison Ave

Date Dec 15 1908

Place of Burial Greenmount Cemetery

Date December 17th 1908

Undertaker Stewart & Brown Co

Address 215 Park ave

Remarks

Dr James C. Clark Madison 1201

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 1

Registered No. C C17911

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name R. Ross Holloway -

Residence, Give Street and Number, Normandy Heights -

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: white

DATE OF BIRTH: 1

AGE: 53 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: Chas T. Holloway

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Anna Ross

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. M. P. Foard

(Address) 220 Ridgewood Road

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 13 - 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 15 - 1908 to Dec. 13 1908

that I last saw him alive on Dec. 13 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis -

(DURATION) - DAYS

Contributory (Primary) Tuberculosis of the Kidneys (DURATION) - DAYS

(Signed) Harry L. Howard M. D.

Address Union Protestant Infirmary

Date December 16 - 1908

Place of Burial Druid Ridge Cemetery

Date December 16th 1908

Undertaker Edward E. Mowen Co.

Address 215 & 217 Park Ave

Remarks Patient has been ill a year - weak

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C17912 Registered No. B C17912

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 13 E Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry H. Krause

{ Residence, if in Baltimore, Give Street and Number. } 31 E. Heath St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 31 1847

AGE 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo. Belschner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Krause daughter

(Address) 31 E Heath St

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14th 1908

I HEREBY CERTIFY, That I attended deceased from July 31st 1908 to Dec. 14th 1908

that I last saw her alive on Dec. 14th 1908

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Duration

(DURATION) 30 DAYS

Con'tributory (Primary.) Senile Debility (DURATION) about 200 DAYS

(Signed) J. F. Dawkins M.D.

Address 1608 Light St.

Date 190

Place of Burial Western Cemetery

Date Dec 16 1908

Undertaker C. D. Fanning

Address 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C17913 Registered No. B C17913

CERTIFICATE OF DEATH.

(Place of Death.) No. 2010 Ashland Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeronim Stetka

{Residence, if in Baltimore, Give Street and Number.} 2010 Ashland Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Stetka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Barbora Stucka

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Stetka

(Address) 2010 Ashland

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 6 1908 to Dec 16 1908

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchi Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Cardiac Paralysis (DURATION) ..... DAYS

(Signed) Wm J. Rysavy M.D.

Address 2008 Ashland Ave

Date Dec 16 1908

Place of Burial Oak Hill

Date Dec 18 1908

Undertaker Frank Conchar Son

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17914 Registered No. B C17914

45

CERTIFICATE OF DEATH.

(Place of Death.) No 1705 Pennsylvania Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert C Penn

{ Residence, if in Baltimore, Give Street and Number. } 1708 Pennsylvania Ave

Duration of Residence in Baltimore. 18 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH September 4 1867

AGE 41 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard County

FULL NAME OF FATHER James Penn

BIRTHPLACE OF FATHER (State or country) Howard County Md.

MAIDEN NAME OF MOTHER Margaret J Purdum

BIRTHPLACE OF MOTHER (State or country) Montgomery Co Md.

OCCUPATION OF DECEASED Mfg Kitchen Furniture

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Penn

(Address) Catonsville Md.

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14 1908

I HEREBY CERTIFY, That I attended deceased from April 19 1908 to Dec 14 1908

that I last saw him alive on Dec 13 1908,

and that death occurred, on the date stated above, at 10 30 A M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Bladder.
(Exhaustion)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry C Houck M.D.

Address 1929 W North Ave

Date December 14 1908

Place of Burial Green Mount Cathedral

Date December 17 1908

Undertaker Jos B Cook

Address 1003 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C17915 Registered No. B C17915

CERTIFICATE OF DEATH.

(Place of Death.) No. 5331 Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William Thomas Peters

{Residence, if in Baltimore, Give Street and Number.} 5331 Fulton Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 24 1885

AGE 23 years, 2 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jacob Peters

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Hannah Mains

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Jacob Peters

(Address) 5331 Fulton Ave

Filed 12/16 1908 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1908

I HEREBY CERTIFY, That I attended deceased from Nov 10 1908 to Dec 13 1908

that I last saw him alive on Dec 13 1908,

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage Intestinal

(DURATION) 7 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) DAYS

(Signed) Walter A Coffs M.D.

Address 5343 Fulton Ave

Date Dec 14 1908

Place of Burial London Park

Date December 16 1908

Undertaker Joel B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B C17916

City of Baltimore, (No. 630 W. Lafayette Av. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mirab Thorn

~~PERSONAL~~ AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 20 (Day) 1819 (Year)

AGE: 89 years, 1 months, 25 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thos Gilbert Irving

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Scott

BIRTHPLACE OF MOTHER (State or country): Nisbon Howard Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M Longwood

(Address) 630 W Lafayette Ave

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 16 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Dec 16 1908 that I last saw h[illegible] alive on Dec 16 1908, and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Cerebral Paralysis (DURATION) 4 DAYS

Contributory senility plus ma- united fracture of (DURATION) about 4 years 4 DAYS

(Signed) [illegible] M. D.

Dec 16 1908 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cem | DATE OF BURIAL: Dec 17 1908

UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward W. M. M. Registered No. C C17917

CERTIFICATE OF DEATH.

170

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bina Frankel

Residence, Give Street and Number, ~~B. H. A.~~ 1402 E Balto St

Duration of Residence in Baltimore, 7 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 80 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Ezra Frankel

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 15 1908 that I last saw h imp alive on Dec 15 1908 and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary) Senility.

(DURATION) DAYS

(Signed) H. W. Eshleman M. D.

Address Bay View Hospital

Date Dec 15 1908

Place of Burial Hebrew Boundary Cemetery

Date Dec 16, 1908

Undertaker Mrs. Linnan

Address 1212 N. Eldorado st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C17918 Registered No. B C17918

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Meyers

{Residence, if in Baltimore, Give Street and Number.} Hebrew Aged Home

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1836

AGE: 72 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Do not Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Do not Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. F. Thundle M.D.

(Address) Hebrew Hospital

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15/06 1908

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to Dec 15 1908

that I last saw h er alive on Dec 15 1908,

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 51 DAYS

Contributory (Primary.) Myocarditis

(DURATION) 2 DAYS

(Signed) Edward Bayley Jr. M.D.

Address Hebrew Hospital

Date Dec 15 1908

Place of Burial Baltimore Hebrew Cem

Date Dec 16 1908

Undertaker Ahrens & Co

Address 1607 Madison Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C C17919

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name S. Frederick Nacke

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH — 1

AGE 66 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/16 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 14 1908

I HEREBY CERTIFY, That I attended deceased from Nov 24 1908 to Dec 14 1908 that I last saw h-im alive on Dec 14 1908 and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease
Complicated by

(DURATION) DAYS

Contributory (Primary) Diabetes Mellitus

(DURATION) DAYS

(Signed) W. H. Baker M. D.

Address Bay View Hospital

Date Dec 14 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 15 1908 1908

Undertaker G. L. Hurley

Address 930 N. Monroe St

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 17920

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 N. Franklin St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E King

Residence, Give Street and Number, 1410 N. Franklin St

Duration of Residence in Baltimore, 5 years.

C17920

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Geo. W. King

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Mary A. Cox

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Manager.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mc Howard King

(Address) 1412 N. Franklin st

Filed 12/16 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 14 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) DAYS

Contributory (Primary) Tuberculosis

(DURATION) DAYS

(Signed) Hiram Bowdoin M. D.

Address 700 N. Laf. Ave (Corner)

Date Dec 14 1908

Place of Burial Loudon Park

Date Dec 16 1908

Undertaker John Fields

Address 1200 N. Lombard st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 23 C17921 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 31 Pontiac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmina Emerich

{Residence, if in Baltimore, Give Street and Number.} 31 Pontiac St

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 7 1822

AGE 86 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry G. Ehrlich (Son)

(Address) 31 Pontiac St

Filed 12/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 14 1908

that I last saw her alive on Dec 14 1908

and that death occurred, on the date stated above, at 6a

M. CAUSE OF DEATH (Secondary or Immediate.)

Senile debility

(DURATION) 4 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Wm Cummer Ehrlich M.D.

Address 835 Light St

Date Dec 15 1908

Place of Burial LOUDON PARK

Date DEC 16 1908 190

Undertaker Armstrong Denny Co.

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C17922

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C17922
137

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17922

City of Baltimore, (No. Biddle Gillman Senator St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Koch.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Sept (Month) 16 (Day) 1883 (Year)

AGE 25 years, 3 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Ignatz Schaffer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Koch

(Address) 1351 Andrea St.

Filed 12/16 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 14 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Dec 14 1908

that I last saw her alive on Dec 14 1908,

and that death occurred, on the date stated above, at 4-30

The CAUSE OF DEATH was as follows:

1. Puerperal Septicaemia

(DURATION) 5 DAYS

Contributory Normal Confinement

(DURATION) DAYS

(Signed) C W Bracken M. D.

1908 (Address) 1318 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1351 Aisquith St — How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? 1351 Andrea St

PLACE OF BURIAL OR REMOVAL Holy Cross | DATE OF BURIAL Dec 16 1908

UNDERTAKER Jos. Stonebreck | ADDRESS 1318 Lizzt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C17923 Registered No. B C17923
53

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Anna Maria Hinrichs

{ Residence, if in Baltimore, Give Street and Number. } 320 N Calhoun St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 28 1860

AGE 48 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Herman H Wedemeyer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret E Bode

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodor Hinrichs

(Address) 320 N Calhoun St

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14, 1908

I HEREBY CERTIFY, That I attended deceased from October 8, 1907 to December 14 1908

that I last saw h Cr alive on Dec 14, 1908

and that death occurred, on the date stated above, at 11 A.M. P.M. CAUSE OF DEATH (Secondary or Immediate)

Hodgkins Disease

(DURATION) one Year

Contributory (Primary.)

(DURATION) DAYS

(Signed) Louis Hamman M.D.

Address 21 W. Franklin St.

Date December 15, 1908.

Place of Burial Baltimore Cem

Date Dec 17 1908

Undertaker W J Turnbaugh Sons

Address Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or other person superintending the burial, a certificate to the Undertaker, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

C17924

CERTIFICATE OF DEATH.

Registered No. B [illegible]

City of Baltimore, (No. 218 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John H. Clausen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 26th 1844 (Month) (Day) (Year)

AGE: 64 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Bremen Germany

FULL NAME OF FATHER: Earl Clausen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Meda Edingmeir

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tobacconist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Joseph N. Seeburg

(Address) 45 Garrison Lane

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 13th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 7th 1908 to Dec 13th 1908 that I last saw him alive on Dec 13th 1908, and that death occurred, on the date stated above, at 9.10 P. M. The CAUSE OF DEATH was as follows:

Hemiplegia Chronic Interstitial Nephritis

(DURATION) 6 DAYS

Contributory Cardiac Asthenia

(DURATION) 3 DAYS

(Signed) J. J. Carrick M. D.

Dec 14th 1908 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 16th 1908

UNDERTAKER: Philip Seewald & Son

ADDRESS: 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL IN THE SPACES ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17925

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 Elm Ave Hampstead

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Levi L. Sterner.

Residence, Give Street and Number, 626 Elm Ave.

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 6th 1899

AGE: 9 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Co.

FULL NAME OF FATHER: Frederick. Sterner

BIRTHPLACE OF FATHER (State or county): Balto, Co., Md.

MAIDEN NAME OF MOTHER: Mary. A. Foutz

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST ~~OF MY~~ KNOWLEDGE AND BELIEF.

(Informant) Frederick. Sterner

(Address) 626 Elm ave

Filed 12/16 1908 HARRY C. ANDREWS Registrar.

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1908 to Dec 15th 1908

that I last saw h im alive on Dec 15th 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary) From infancy

Hemophilia (DURATION) 9 DAYS

(Signed) Geo. T. Shower M. D.

Address 421 Roland Ave

Date Dec 16th 1908

Place of Burial Hampstead. Carroll Co Md

Date Dec 17 1908

Undertaker Wm. E. Chenowith Son

Address 919 3rd Ave Hampden

Remarks

Ward ..... [redacted] Registered No. B C17926

CERTIFICATE OF DEATH.

91

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr Joseph H. Spurrier

{ Residence, if in Baltimore, Give Street and Number. } 654 W. Franklin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Oct 13th 1844

AGE: 64 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Engineer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad A. Spurrier.

(Address) 654 W. Franklin St.

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1908 to Dec 15th 1908 that I last saw him alive on Dec 15th 1908, and that death occurred, on the date stated above, at 1225 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial tubes in such a condition that he was unable to get the proper amount of oxygen (DURATION) DAYS

Contributory (Primary.) Asthma Had it (DURATION) 4 years DAYS

(Signed) Henry B. Kolb M.D.

Address Franklin Square Hospital

Date December 15th 1908

Place of Burial Loudon Park

Date December 17th 1908

Undertaker Williams & Goe

Address 1723 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 16 — 617927 — Registered No. C C17928

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1101 Woodley St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Valentin Buchinger

Residence, Give Street and Number, 1101 Woodley St

Duration of Residence in Baltimore, 28 yr.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: March 25-th 1864

AGE: 44 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: Henry Buchinger

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Buchinger

(Address) 1101 Woodley St

Filed 12/16 1908

HENRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 15/08 1908

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to DEC 15 1908

that I last saw him alive on DEC 14 1908

and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy.

(DURATION) One DAYS

Contributory (Primary) Rheumatism General

(DURATION) — DAYS

(Signed) Geo C. Shannon M. D.

Address 700 N. Fulton Ave

Date December 15- 1908

Place of Burial, New Cathedral

Date Dec 17th 1908

Undertaker G. F. Walker

Address 723 N. Lafayette

Remarks

Ward ..... C17928 Registered No. B C17928

CERTIFICATE OF DEATH.

(Place of Death.) No. 2623 Baone St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Jeff & Annie Preston

{ Residence, if in Baltimore, Give Street and Number. } 2623 Baone St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR Colored.

DATE OF BIRTH Dec. 13, 1908

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Jeff. Archer Preston.

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Annie Preston

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archer Preston.

(Address) 2623 Baone St

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1908 to Dec 15 1908

that I last saw h[illegible] alive on Dec 15 1908

and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH (Secondary or Immediate.)

Infantile Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Garland Schmidt M.D.

Address 424 E. Fort Ave

Date Dec. 16. 1908.

Place of Burial Laurel Cemetery

Date Dec. 17, 1908

Undertaker Joseph L. Forbes.

Address 1352 Jefferson St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 17929

C17929
93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1038 Somerset St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn M. Eilerman

Residence, Give Street and Number, 1038 Somerset St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: April 24th 1907

AGE: 1 years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Jacob Eilerman

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Lillian Howe

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1038 Somerset St

Filed 12/16 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 14th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 13th 1908 to Dec 14th 1908

that I last saw her alive on Dec 14th 1908

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [signature] M. D.

Address 1507 E Baltimore

Date Dec 14th 1908

Place of Burial Mt. Carmel Cemetery

Date Dec. 16th 1908

Undertaker Henry Stock & Son

Address 1301 E. Eager St.

Remarks

Ward 1 C17930 Registered No. B C17930

CERTIFICATE OF DEATH.

(Place of Death.) No. 410 Pearl St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lemuntena

{ Residence, if in Baltimore, Give Street and Number. } 410 N Pearl St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1

AGE: years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas Lemuntena

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Josefina Aguella

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Lemuntena

(Address) 410 N Pearl St

Filed 12/16 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 15 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J E Martin M.D.

Address Owner

Date Dec 16 1908

Place of Burial St Vincents Cem

Date Dec 16 1908

Undertaker J. E. Smith Co

Address 1422 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C17931 Registered No. B C17931

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 718 N Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Rue (?) Carter

{ Residence, if in Baltimore, Give Street and Number. } 718 N. Fulton Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Oct. 14th 1853

AGE 55 years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo. Clark

BIRTHPLACE OF FATHER (State or country) St Marys Co Md

MAIDEN NAME OF MOTHER Mary A. Cundiff

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M. Carter (Son)

(Address) 718 N. Fulton Ave

Filed 12/16 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15th 1908

I HEREBY CERTIFY, That I attended deceased from August 28th 1908 to Dec 14th 1908 that I last saw h[e] alive on Dec 14 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate

Gastric Hemorrhage & Heart Failure.

(DURATION) Two DAYS

Contributory (Primary.) Inflammation of Liver & Gall Bladder (DURATION) 105 DAYS

(Signed) John Bff M.D.

Address 10 N. Hamilton Ave

Date Dec. 15th 1908

Place of Burial Druid Ridge

Date Dec 17 1908

Undertaker E M Mitchell

Address 120 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C17932

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C17932

City of Baltimore, (No. 2647 N. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. Ashley Blinn

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 28 1849 (Month) (Day) (Year)
AGE	59 years, 2 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Whitehall N.J.
FULL NAME OF FATHER	Mason C Blinn
BIRTHPLACE OF FATHER (State or country)	N.J.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas Blinn

(Address) 2647 N. Chas. st

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 15 1908

that I last saw him alive on Dec 15 1908,

and that death occurred, on the date stated above, at 9.30 a. m. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(DURATION) 12 hours

Contributory Coma.

(DURATION) 12 hours

(Signed) W W Eller M. D.

Dec 14 1908 (Address) 212 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec 17 1908
UNDERTAKER	**ADDRESS**
E M Mitchell	120 W Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C17933 Registered No. B C17933

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1604 Harlem Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mollie C. Oliver

{ Residence, if in Baltimore, Give Street and Number. } 1604 Harlem Ave.

Duration of Residence in Baltimore. 3 or 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Sept 8 1887

AGE: 21 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm H Oliver

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Carrie S Mapp

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Oliver

(Address) Daugherty Accomac Co Va

Filed 12/16 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16, 1908

I HEREBY CERTIFY, That I attended deceased from Decem 2 1908 to Dec 16, 1908 that I last saw her alive on Decem 6 1908 and that death occurred, on the date stated above, at 5 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) 100 DAYS

Con'tributory (Primary.)

Tuberculosis (DURATION) 100 DAYS

(Signed) John Hood M.D.

Address 630 N. Gilmor St

Date December 16, 1908

Place of Burial: Daugertys Accomac Co Va

Date Dec. 16 — 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C17934 Registered No. B C17934

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 824 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara B. Layfield

{ Residence, if in Baltimore, Give Street and Number. } No. 824 N. Washington St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 18, 1878

AGE: 30 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: John String

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Jackson

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lerius Stevens

(Address) 828 N. Washington st

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 13, 1908

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1908 to Dec 13, 1908 that I last saw her alive on Dec 12, 1908, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

About a years' (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. B. Elwell, M.D.

Address 1241 Hanover

Date Dec 14, 1908

Place of Burial Oak Lawn Cemetery

Date DECember. 16th 1908

Undertaker Liston & Swaelbaugh

Address 510 W. Lay st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10

C17935

Registered No. B C17935

CERTIFICATE OF DEATH.

87

(Place of Death.) No. 239 N. Poppleton St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Carrie Welch

{Residence, if in Baltimore, Give Street and Number.} 239 N. Poppleton St.,

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 23, 1822

AGE 53 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Frederick Market

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosalie Sauerbier

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W welch

(Address) 239 N Poppleton St

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15. 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Dec 15 1908 that I last saw h er alive on Dec 15 1908, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism.

(DURATION) 10 DAYS

Contributory (Primary.) Varicose Veins

4 weeks (DURATION) DAYS

(Signed) Geo C Semmeter M.D.

Address 600 Harlem Ave

Date Dec. 16. 1908

Place of Burial Western

Date Dec 18 1908

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17936 Registered No. B C17936

CERTIFICATE OF DEATH.

74

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Baumeister

{ Residence, if in Baltimore, Give Street and Number. } Sparrows Point, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Baumeister

(Address) Newport News. Va.

Filed 12/16 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1908 to Dec 16th 1908 that I last saw h.. alive on Dec 16th 1908, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Tumor.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Johns Hopkins Hospital

Date December 16th 1908

Place of Burial Newport News Va

Date Dec. 16" 1908

Undertaker Geo M Smith

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C17937 Registered No. B C17937

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 Jefferson st Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Campen

{Residence, if in Baltimore, Give Street and Number.} 408 Jefferson st Homestead

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 23rd 1889

AGE: 19 years, 9 months, 23 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis W Campen

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary L Thomas

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Campen

(Address) 408 Jefferson st Homestead

Filed 12/16 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from about 2 Wks 3 to Wks 190

that I last saw him alive on Dec. 15 1908,

and that death occurred, on the date stated above, at 7.06 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Balto. Dec 16- 1908

Place of Burial Baltimore Cemetery

Date December 18th 1908

Undertaker George Schelling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C17938 Registered No. B C17938

CERTIFICATE OF DEATH.

(Place of Death.) No. 1735 Hope St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Schweikert

{ Residence, if in Baltimore, Give Street and Number. } 1735 Hope st

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 18th 1838

AGE: 69 years, 9 months, 27 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Schweikert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Schweikert

(Address) 1735 Hope st

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 15 1908

I HEREBY CERTIFY, That I attended deceased from ~~about Feb 1~~ 1908 to Dec 15 1908 that I last saw him alive on Dec 15 1908, and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Paralysis,
due to Softening of Brain.

about a year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. R. Elwell, M.D.

Address 1246 Harford Ave.

Date Dec 16 1908

Place of Burial Baltimore Cemetery

Date December 18th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17939

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Factory of Joseph Thomas & Son Leadenhall St between Montgomery & Henrietta St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E. Hennick

Residence, Give Street and Number, 1206 N. Eden St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 59 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Joseph Hennick

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED Wood Turner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Hennick

(Address) 1206 N. Eden St

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 14 1908

I HEREBY CERTIFY, That I attended deceased from ~~..... 190 ..... to ..... 190 .....~~

that I last saw h ~~alive on~~ ..... 190 .....

and that death occurred, on the date stated above, at 2 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Fractured Skull

Accidental death

Collapse of building due to flow of water

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Otto U. Reinhardt M. D. Coroner

Address .....

Date Dec 16. 1908

Place of Burial Baltimore Cem.

Date Dec. 17. 08. 1908

Undertaker Wm Cook

Address 502 E North Ave.

Remarks .....

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 017940

City of Baltimore, (No. 870 N. Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herlin Goldman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) (Day) 1842 Year)

AGE: 66 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Manus Fraley

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hester Fraley

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Goldman

(Address) St Louis Mo

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 14th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12th 1908 to Dec 14th 1908 that I last saw h[er] alive on Dec 14th 1908, and that death occurred, on the date stated above, at 1145 P.M. The CAUSE OF DEATH was as follows:

Angina Pectoris, a pseudo form probably due to clot in the Cardiac Coronary artery.

(DURATION) 3 DAYS

Contributory —

(DURATION) 3 DAYS

(Signed) Jno. T. Day, M.D.

190 (Address) 869 Park Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Pikesville Cem

DATE OF BURIAL: DEC 17 1908 190

UNDERTAKER: Andrews & Co

ADDRESS: 1607 Madison Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C C17941

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Yeager

Residence, Give Street and Number, # 406 Madeira St

Duration of Residence in Baltimore, 35 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Nov 20th 1840

AGE 68 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Baker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Yeager

(Address) 406 S Madeira

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 14 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Dec 14 1908

that I last saw h-me alive on Dec 14 1908

and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Uraemia

(DURATION) DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) DAYS

(Signed) H. E. Wilkinson M. D.

Address St Josephs Hospital

Date December 14 1908

Place of Burial Holy Redeemer Cem.

Date Dec 17th 1908

Undertaker Lilly and Zeller

Address 1625 N Gilmor St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C17942 Registered No. B C17942

CERTIFICATE OF DEATH. 18

(Place of Death.) No. Bay View Hospital Insane Dept St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Inge

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW ASYLUM.

Filed 12/16 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Dec 15 1908 that I last saw her alive on Dec 15 1908 and that death occurred, on the date stated above, at 11 15 P. M. CAUSE OF DEATH (Secondary or Immediate

Endocarditis

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility (DURATION) ..... DAYS

(Signed) William F. Schwark M.D.

Address Bay View Asylum

Date December 16 1908

Place of Burial Laurel Cemetery

Date Dec 16 1908

Undertaker Chas F. Evans

Address 118 N. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17943

CERTIFICATE OF DEATH.

18

(Place of Death.) No. 2048 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Keenan

Residence, Give Street and Number, 2048 Bank St.

Duration of Residence in Baltimore, 60yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Aug. 1819

AGE 80 years, 4 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Jerry Keenan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Keenan

(Address) 2048 Bank St

Filed Dec 14 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec-13/08 190

I HEREBY CERTIFY, That I attended deceased from Dec-9- 190 8 to Dec 13 190 8

that I last saw h— alive on Dec 13 190 8

and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate.)

Erysipelas Faciales

4 days — (DURATION) — DAYS

Contributory (Primary) Senility — (DURATION) DAYS

(Signed) Jno P Brown M. D.

Address 125 N Bond —

Date Dec 14/08 190

Place of Burial New Cathedral Cem

Date December 17 1908

Undertaker John A. Moran

Address Bank & Ann Sts

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17944 Registered No. B C17944

CERTIFICATE OF DEATH.

4 V

(Place of Death.) No. 230 E Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Catharine Whittle

{ Residence, if in Baltimore, Give Street and Number. } 230 E Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Dec 6th 1856

AGE: 52 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Leibrick Frederick

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Whittle

(Address) 230 E Cross St

Filed 12/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14. 1908

I HEREBY CERTIFY, That I attended deceased from June 11 1908 to Dec 14 1908

that I last saw h~~er~~ alive on Dec 14 1908,

and that death occurred, on the date stated above, at 10:20 A. M. CAUSE OF DEATH (Secondary or Immediate

Manitis

4 wks. ? (DURATION) DAYS

Contributory (Primary.) Cancer of

Uterus & Stomach (DURATION) ? DAYS

(Signed) G E Burslow M.D.

Address 222 E Cross St

Date Dec 14 1908

Place of Burial Cathedral Cemetery

Date Dec 17 1908

Undertaker David and M S Fleagle

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17945

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 N Castle St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Hartung

Residence, Give Street and Number, 811 N. Castle St

Duration of Residence in Baltimore, 43 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: April 16th 1849

AGE: 59 years, 8 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Hartung

(Address) 811 N Castle St

Filed 12/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Suicide by hanging

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Gregg Cardwell M. D.

Address Corner Reed

Date Dec 16 1908

Place of Burial Trinity Cem

Date 12/17/08 1908

Undertaker J. Herring & Son

Address 2008 Eutaw St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4

HEALTH DEPARTMENT, City of Baltimore.

CT7946

Registered No. C 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 Montebello ave Waverly St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L Bateman

Residence, Give Street and Number, 112 Montebello ave Waverly

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH: Sept 22 1905

AGE: 3 years, 2 month months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: —

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Geo R Bateman

BIRTHPLACE OF FATHER (State or county): Baltimore City

MAIDEN NAME OF MOTHER: Esther Fallon

BIRTHPLACE OF MOTHER (State or county): New York N Y

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R Bateman

(Address) 112 Montebello ave

Filed 12/17 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec 15 1908

that I last saw her alive on December 15 1908

and that death occurred, on the date stated above, at 11 0m M. CAUSE OF DEATH (Secondary or Immediate,)

Gastritis

(DURATION) 15 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H Young Westbrook M. D.

Address 237 Druid ave

Date December 16 1908

Place of Burial Holy Cross

Date Dec 18 1908

Undertaker Wm Cook

Address 502 E Madison

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 11794 29

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Brown.

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR B.

DATE OF BIRTH —

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday BAY VIEW ASYLUM.

(Address) Bay View Asylum.

Filed 12/17 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 15th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 17 1908 to Dec 15th 1908

that I last saw him alive on Dec 15th 1908

and that death occurred, on the date stated above, at 9.30

M. CAUSE OF DEATH (Secondary or Immediate,)

Sepsis ? Tuberculosis

Contributory (Primary) Tuberculosis (DURATION) DAYS

Tentonitis (DURATION) DAYS

(Signed) H. F. Eaton M. D.

Address Bay View Hospital

Date Dec 15th 1908

Place of Burial Sacred Heart

Date Dec 17th 1908

Undertaker Chas. F. Evans

Address 118 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 1 — C17948 — Registered No. B C17948

165

CERTIFICATE OF DEATH.

(Place of Death.) No. 2026 Jefferson St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name — Mary Anna Lautenbach

{Residence, if in Baltimore, Give Street and Number.} — 2026 Jefferson St

Duration of Residence in Baltimore. — 66 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: February 22 1812

AGE: 94 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Schumann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) X Anna Elizabeth Bauer

(Address) 2026 Jefferson St.

Filed 12/17 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Dec 17 1908

that I last saw her alive on Dec 16 1908

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dislocation of the Hip

(Accident a.S.J.)

(DURATION) 5 DAYS

Contributory (Primary.) Shock and Exhaustion (DURATION) 5 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Dec 17. 1908

Place of Burial St. Alphonsus

Date Dec. 19 1908

Undertaker J. & J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C17949 Registered No. B C17949

CERTIFICATE OF DEATH.

54

(Place of Death.) No. 1932 East Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Leonard F. Bach

{Residence, if in Baltimore, Give Street and Number.} 1932 E. Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. ~~Sept.~~ 25 1908

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or couutry): Md.

FULL NAME OF FATHER: Louis Bach

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Pfeifer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Bach

(Address) 1932 E. Lombard st

Filed 12/17 1908 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. - 16 - 1908

I HEREBY CERTIFY, That I attended deceased from Oct - 16 1908 to Dec. - 16 - 1908 that I last saw him alive on Dec. 15 1908, and that death occurred, on the date stated above, at 1 a.m. ~~CAUSE OF DEATH (Secondary or Immediate.)~~

Atelectasis pulmonum

(DURATION) 6 hours, DAYS,

Contributory (Primary.) Chronic pernicious anemia (DURATION) 60 DAYS

(Signed) Pierre G. Dausel M.D.

Address 121 Jackson Square

Date Dec. - 16 - 1908

Place of Burial Holy Redeemer

Date Dec. 17 1908

Undertaker J. C. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C17950 Registered No. B C17950

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 549 Presstman St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Infant of Morris and Sarah Richman
Full Name

{Residence, if in Baltimore, Give Street and Number.} 549 Presstman St

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Dec 15th 1908

AGE ..... years, ... months, 2 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Morris Richman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Kirson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M J Fedder

(Address) 718 S Charles St

Filed 12/17 1908

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 15 1908 that I last saw him alive on Dec 15 1908, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature delivery
7th month Version of
Shoulder Presentation (asphyxia)

(Shoulder Presentation) (DURATION) DAYS

Contributory (Primary.)
Cardiac Weakness (DURATION) DAYS

(Signed) Joseph E Richman M.D.

Address 1576 Madison Ave

Date Dec 16th 1908

Place of Burial Hebrew Washington Rd

Date Dec 17 1908

Undertaker Max Levinson

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C17951 Registered No. B C17951 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 Mc Farrish ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Heinz

{Residence, if in Baltimore, Give Street and Number.} 10 Mc Farrish Ave

Duration of Residence in Baltimore. 5 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR White

DATE OF BIRTH July 26 1908.

AGE 4 years, 20 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Edward Heinz

BIRTHPLACE OF FATHER (State or country) Phila Pa.

MAIDEN NAME OF MOTHER ~~Baltto.~~ Margaret Reinhart

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Reinhart

(Address) 10 Mc. Farrish ave

Filed 12/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 16 1908 that I last saw h[illegible] alive on —— 190..., and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary) Tox Diphtheria (DURATION) DAYS

(Signed) W. A. Tuell M.D.

Address Lexington

Date Dec 16- 1908

Place of Burial Western Cemetery

Date Dec: 18th 1908

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C17952 Registered No. B C17952

19

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Lipscomb

{Residence, if in Baltimore, Give Street and Number.} 1224 Peabody Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 54 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lipscomb

(Address) 1224 Peabody St

Filed 12/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9 1907 to Dec 14 1908

that I last saw him alive on Dec 14 1908,

and that death occurred, on the date stated above, at 2 41 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart & Kidney Trouble

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. McHenry M.D.

Address John Hopkins Hospital

Date Dec 15 1908

Place of Burial Laurel

Date Dec 17 1908

Undertaker R. St. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C17953 Registered No. B C17953

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1417 Fairmount Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Roberts

{Residence, if in Baltimore, Give Street and Number.} 1417 Fairmount Av

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H Roberts

(Address) 1417 Fairmount Ave

Filed 12/17 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7 1908 to Dec 15 1908 that I last saw h alive on Dec 15 1908 and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate.)

Grippe
Ex Exhaustion

10 (DURATION) DAYS

Contributory (Primary.) Pulm Tuberc

Loss (DURATION) 4yr DAYS

(Signed) C. T. Block M.D.

Address 1523 E Balto

Date Dec 16 1908

Place of Burial Cambridge Md

Date Dec 17 1908

Undertaker R T Elliott

Address 526 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17954 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1233 E Eager St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kleiderlein

Residence, Give Street and Number, 1233 E Eager st

Duration of Residence in Baltimore, 55 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: October 13, 1822,

AGE: 86 years, 2 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county): Germany,

OCCUPATION OF DECEASED: retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Biotkamp

(Address) 433 Colvin St

Filed 12/17 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 th Dec 16 1908 to 1908

that I last saw h alive on Dec 15 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral apoplexy

(DURATION) 1 DAYS

Contributory (Primary) Coma

(DURATION) DAYS

(Signed) F Ullmann M. D.

Address 1133 Valley st

Date Dec 16 1908

Place of Burial Holy Redeemer Cemetery

Date Dec. 19 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C C17955

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 1221 Holbrook St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Garrett

Residence, Give Street and Number, 1221 Holbrook St.

Duration of Residence in Baltimore, 40 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Peter McCaul

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. T. Garrett

(Address) 1221 Holbrook St

Filed 12/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Dec 16 1908

that I last saw her alive on Dec 16 1908

and that death occurred, on the date stated above, at 1 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Endocarditis and Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Cardiac Failure

(DURATION) 2 DAYS

(Signed) J. Walter Thomas M. D.

Address 1228 N. Caroline

Date Dec 17/908 1908

Place of Burial St. Mary's Cemetery

Date Dec. 19 1908

Undertaker Henry Hoede & Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C17956 — Registered No. C 17956

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 943 Sterling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret B. Burner

Residence, Give Street and Number, 943 Sterling St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: May 23rd. 1883

AGE: 25 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Ceiley

FULL NAME OF FATHER: John Herzing

BIRTHPLACE OF FATHER (State or county): Ceiley

MAIDEN NAME OF MOTHER: Catherine Kilchenstein

BIRTHPLACE OF MOTHER (State or county): City

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Burner

(Address) 943 Sterling St

Filed 12/17 1908 — HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 16. 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 20. 1908 to Dec. 16. 1908

that I last saw h 21 alive on " 15 1908

and that death occurred, on the date stated above, at 7.40 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) Five Months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm. A. Hartman M. D.

Address 1121 N. Caroline St.

Date Dec. 16. 1908

Place of Burial Holy Redeemer Cemetery

Date Dec. 19 1908

Undertaker Henry Stoeck & Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C17957 Registered No. C C17957

CERTIFICATE OF DEATH.

119

(Place of Death.) No. St. Mary's Female Orphan Asylum

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Huber.

Residence, Give Street and Number, 1034 N. Eutaw Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Jan. 2nd 1895

AGE 13 years, 11 months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Henry Huber

BIRTHPLACE OF FATHER (State or county) City

MAIDEN NAME OF MOTHER Mary M. Ruppert

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1034 N. Central ave

Filed 12/17 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5 1908 to Dec 16 1908 that I last saw h~~im~~ alive on Dec 15 1908 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis

(DURATION) 1½ DAYS

Contributory (Primary) acute Pneumonia

a Superatum Hysterit (DURATION) 18 DAYS

(Signed) W Cole Davis M. D.

Address St Mary's Female Orphan Asy.

Date Dec 16 1908

Place of Burial Holy Redeemer Cemetery

Date Dec. 19 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 17958 19

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Sims

Residence, Give Street and Number, 709 Linden Ave

Duration of Residence in Baltimore, 4 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR B.

DATE OF BIRTH —

AGE 60 years — months — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt

(Address) BAY VIEW ASYLUM.

Filed 12/17 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from July 7 1908 to Dec 15 1908

that I last saw h— alive on Dec 15 1908

and that death occurred, on the date stated above, at 4.40 M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsia

Acute

(DURATION) DAYS

Contributory (Primary) Heart Disease

(Organic) (DURATION) DAYS

(Signed) R. H. Baker M. D.

Address Bay View Hospital

Date Dec 16 1908

Place of Burial Laurel Cem

Date Dec 17 1908

Undertaker Samuel H. Boarman

Address 1700 Druid Hill Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17959

108

CERTIFICATE OF DEATH.

(Place of Death.) No. 59 Spring Row Hampden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stella. Rose. Johnson.

Residence, Give Street and Number,

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Nov 11 1908

AGE ..... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. single

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER B. A. Johnson

BIRTHPLACE OF FATHER (State or couuty) Md.

MAIDEN NAME OF MOTHER Emma. William.

BIRTHPLACE OF MOTHER (State or couuty) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. A. Johnson

(Address) 59 Spring Row

Filed 12/17 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 16 1908

that I last saw her alive on Dec 16 1908

and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis (General)

(DURATION) 2 Days

Contributory (Primary) Pneumonia (DURATION) 4 DAYS

(Signed) Harry C Myers M. D.

Address 340 Roland Ave

Date Dec 17 1908

Place of Burial St. Marys Hampden

Date Dec 18 1908

Undertaker Wm E. Chenoweth & Sons

Address 919 3rd Ave Hampden

Remarks

Ward 11 C17960 Registered No. B C17960

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2111 Cambrige St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kuliza

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Dezember 7 1908

AGE: ....years, ...months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Kuliga

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Antonina Gorbruska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kuliza

(Address) 2111 Cambrige St

Filed 12/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dezember 16 1908

I HEREBY CERTIFY, That I attended deceased from Dezember 15 1908 to Dezember 16 1908 that I last saw h alive on Dezember 15 1908, and that death occurred, on the date stated above, at 7 30

M. CAUSE OF DEATH (Secondary or Immediate.)

Debility (DURATION) 2 DAYS

Contributory (Primary.) Cardiac

insufficiency (DURATION) 2 DAYS

(Signed) M. Szewalski M.D.

Address 1713 Bank St

Date December 17 1908

Place of Burial St Stanislaus

Date Friday Dec 18 1908

Undertaker M. Y. Sudowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward ..... C17961 Registered No. B C17961

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1129 Maryland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry H Mayensheim

{ Residence, if in Baltimore, Give Street and Number. } 1129 Maryland ave

Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 6 1818

AGE: 90 years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Peter Mayensheim

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Louis

BIRTHPLACE OF MOTHER (State or country): France

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Rudiger

(Address) 1129 Maryland ave

Filed 12/17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from January 1908 to Dec 16 1908 that I last saw him alive on Nov 23rd 1908, and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Extinction from old age

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Gilman F. Evans M.D.

Address 833 N Fulton ave

Date Dec 17th 1908

Place of Burial Western Cemetery

Date Dec 18th 1908

Undertaker William H Hagdon

Address 851 Lanvale corner

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C17962

CERTIFICATE OF DEATH.

118

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev. Gerard H. Nyssen

Residence, Give Street and Number, 416 W. Biddle St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Holland.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) " " " "

MAIDEN NAME OF MOTHER " " " "

BIRTHPLACE OF MOTHER (State or county) " " " "

OCCUPATION OF DECEASED Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Superior

(Address) Mission Helpers Biddle St.

Filed Dec 17 1908 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 16 1908 that I last saw him alive on Dec 16 1908 and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate,)

Septic peritonitis,

(DURATION) 3 DAYS

Contributory (Primary) Appendicitis.

(DURATION) ..... DAYS

(Signed) S. H. Streett M. D.

Address Md. Genl Hosp.

Date Dec 16 1908

Place of Burial New Cathedral Cem

Date December 18th 1908

Undertaker Holzfenstein Bros Co

Address 302 E. Madison St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4X

Registered No. C 17963

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Saulsbury

Residence, Give Street and Number, Ridgely, Maryland.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed.

BIRTHPLACE (State or county) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown.

OCCUPATION OF DECEASED Unknown.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. Evans.

(Address) 1181 N. Mt. Royal Ave.

Filed Dec 17 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 16 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1908 to Dec. 16 1908 that I last saw h[illegible] alive on Dec. 16 1908 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Hypostatic Pneumonia.

* ..... (DURATION) ..... DAYS

Contributory (Primary) Fracture femur (DURATION) ..... DAYS

(Signed) Wm. Schmitz M. D.

Address City Hospital

Date Dec. 16 1908

Place of Burial Ridgely Md.

Date Dec. 18, 1908.

Undertaker Chas. F. Evans

Address 1181 N. Mt. Royal Ave.

Remarks Result of accidental fall a.d.7

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 12 X

C17964

Registered No. B

81

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Gray

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Negro

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) W. P. McIntosh

(Address) U.S. Marine Hospital

Filed Dec 17 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17 1908

none of any assistance

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Dec 17 1908

that I last saw h in alive on Dec 17 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Aneurysm Arch of Aorta

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) W. P. McIntosh M.D.

Address U.S. Marine Hospital

Date Dec 17 1908

Place of Burial Auburn Cemetery

Date Dec 18 1908

Undertaker W E Hughes

Address 17 E Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 14565

CERTIFICATE OF DEATH. 145

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Flügel

{Residence, if in Baltimore, Give Street and Number.} 108 Aisquith St

Duration of Residence in Baltimore. about 8 years C17965

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Harry Flügel

BIRTHPLACE OF FATHER (State or country) Prussia

MAIDEN NAME OF MOTHER Mandle Schultz

BIRTHPLACE OF MOTHER (State or country) Prussia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Flügel

(Address) 108 Aisquith St

Filed Dec 17 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 17 1908 that I last saw him alive on Dec 17 1908, and that death occurred, on the date stated above, at 9-16 A. M. CAUSE OF DEATH (Secondary or Immediate)

Trauma

(DURATION) 4 DAYS

Contributory (Primary) Pemphigus Foliaceus (DURATION) 180 DAYS

(Signed) Laurence Kolb M.D.

Address University Hospital

Date Dec 17 1908

Place of Burial Hebrew Roardale Cemt.

Date Dec 18 1908

Undertaker Max Levinson

Address 1820 N. Eden st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C17966 — Registered No. C C17966

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 2468 Frederick Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William John Sehr

Residence, Give Street and Number, 2468 Frederick Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	white

DATE OF BIRTH: May 11 1908

AGE: ..... years, 7 months, 6 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: William Sehr

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Ethel Fowler

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Sehr

(Address) 2468 Fredk: ave:

Filed Dec 18 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 17 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.05 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Infantile Convulsion

(DURATION) ..... DAYS

Contributory (Primary) .....

(Recurrent) (DURATION) ..... DAYS

(Signed) Ronald T. Catterzombe M. D.

Address Coroner

Date December 17 1908

Place of Burial Mt Olivet Lawn

Date Dec: 18 th 1908

Undertaker C. W. Dill

Address 810 Fredk. ave:

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. C 017967

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Joseph Hasbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Milton Kopas

Residence, Give Street and Number, 3068 Caroline St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR B

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jurge Schley

(Address) 142 Mallkin St

Filed 12/18 190 8 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 14 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Body crushed by car of N.C.R.R.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M. D.

Address [illegible]

Date Dec 16 — 08 190

Place of Burial [illegible]

Date Dec 18 190

Undertaker [illegible]

Address [illegible]

Remarks

Ward 7 C17968 Registered No. B C17968.

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Plum alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adrick Smothers

{ Residence, if in Baltimore, Give Street and Number. } 1007 Plum al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR col

DATE OF BIRTH Aug 24, 1907

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Arthur Smothers

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alrick Smothers

(Address) 1907 Plum Alley

Filed 12/18 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 16 1908 that I last saw him alive on Dec 15th 1908, and that death occurred, on the date stated above, at 3.15 A.M.

A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henrietta M. Thomas M.D.

Address 1718 John St.

Date 16 XII 1908

Place of Burial Mount Auburn

Date Dec 18 1908

Undertaker Alfred J. Freeland

Address 106 N. Schroder st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C17969 — Registered No. C C17969

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1528 N. Fremont St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Jenifer

Residence, Give Street and Number, 1528 N. Fremont St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Albert Jenifer

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Jenifer

(Address) 1528 N. Fremont Ave

Filed 12/18 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 17 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Jas A. Balcom M. D.

Address 700 N. Laf. Ave (Comms)

Date Dec 17 1908.

Place of Burial St. Peters

Date Dec 18th 1908.

Undertaker Thomas Gilmore & Son

Address 134 N. Gay St

Remarks .....

Ward 7 C1797.0 Registered No. B C1797.0

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 215 W. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Luftman

{Residence; if in Baltimore, Give Street and Number.} 215 W. Conway.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH July 1. 1908

AGE — years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Luftman C

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Serena Williams C

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Serena Luftman (mother)

(Address) 215 W Conway St

Filed 12/18 1908 BARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Kirkland M.D.
Coroner

Address

Date DEC 17 1908

Place of Burial Mt. Auburn Cem.

Date Dec. 15 1908

Undertaker John H. Coadm

Address 1424 E. Fell St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 10 C17971 Registered No. B C17971

CERTIFICATE OF DEATH.

71

Place of Death.) No. 112 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Louis Staab

{ Residence, if in Baltimore, Give Street and Number. } 112 N. Montford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 28 1908

AGE ..... years, 3½ months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Joseph Louis Staab

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Jennie Messner

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Louis Staab

(Address) 112 N Montford Ave

Filed 12/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 16 1908

that I last saw h living alive on Dec 16 1908,

and that death occurred, on the date stated above, at 7½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Pelampsia

(DURATION) ½ DAYS

Contributory (Primary.)

Inanition (DURATION) 90 DAYS

(Signed) Gilman Shell M.D.

Address 913 N Broadway

Date Dec 17 1908

Place of Burial Holy Redeemer Cem

Date Dec 18th 1908

Undertaker Wendell Dippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward D

C17972 Registered No. B C17972

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 325 Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Cooper

{Residence, if in Baltimore, Give Street and Number.} 325 Caroline St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Aaron Cooper

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Eliza Bailey

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED caulker Caulker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Cooper

(Address) 32 S Caroline st

Filed 12/18 1908

HARRY G. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 9 1908 to Dec 16 1908 that I last saw him alive on Dec 16 1908, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

2d Bronchopneumonitis

(DURATION) 3 DAYS

Con'tributory (Primary.) 2a Gastritis

(DURATION) 5 DAYS

(Signed) W F Harris M.D.

Address 1344 Druid Hill Ave

Date Dec 16 1908

Place of Burial Laurel Cemetary

Date Dec 20 1908

Undertaker John W Henderson

Address 31 n Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 17973

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 323 2 1/2 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Marshall

Residence, Give Street and Number, 323 2 1/2 St

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Col

DATE OF BIRTH: July 7 1868

AGE: 40 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto Co Md

FULL NAME OF FATHER: Allen Carter

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Washwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hamilton Bayley

(Address) Linwood Ave & 22

Filed 12/18 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 16 1908

that I last saw h- alive on Dec 16 1908

and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Asthma Coma

Poisoning

(DURATION) DAYS

Contributory (Primary) Acute Pulmo. Congest

Double Pneumonia (DURATION) 16 DAYS

(Signed) Haughton Bayley M. D.

Address 2 Linwood Ave & 22nd

Date Dec 17 1908

Place of Burial Laurel

Date Dec 18 1908

Undertaker R St Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 12974 (C 12974) 134

CERTIFICATE OF DEATH.

(Place of Death.) No. 253 Chestnut st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Jones

Residence, Give Street and Number, 253 Chestnut st

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Baltimore City

FULL NAME OF FATHER Joseph Gaddon

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Ashley

(Address) 1107 Hollins st

Filed 12/18 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ dec'd

190 to 190

that I last saw h alive on 190 found dead

and that death occurred, on the date stated above, at 5-15 P M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. Reily Coroner M. D.

Address 165 E Broadway

Date Dec 15 1908

Place of Burial Mt Zion

Date Dec 18/08 1908

Undertaker Wm. H. Jackson Co

Address 1402 Hollins st

Remarks History of Bronchitis which may be Tuberculous

C.D.R.

C17975

HEALTH DEPARTMENT, City of Baltimore. C17975

Ward 9 Registered No. C 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1442 N Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Swick

Residence, Give Street and Number, 1442 N Eden St

Duration of Residence in Baltimore, Life time.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1828

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: Linkhaud

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss M. Elizabeth Swick

(Address) 1442 N. Eden st

Filed 12/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 17th 1908

I HEREBY CERTIFY, That I attended deceased from December 1st 1908 to December 17 1908 that I last saw her alive on December 16 1908 and that death occurred, on the date stated above, at One a M. CAUSE OF DEATH (Secondary or Immediate,)

Grip pneumonia causing respiratory failure

(DURATION) 17 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) G. G. Rinehart M. D.

Address 2000 E. Baltimore

Date December 17 1908

Place of Burial Holy Cross Cem-

Date Dec 19th 1908

Undertaker John J Cowan

Address 901 Hollins St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 Registered No. B C17976

C17976

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 2318 Callow Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederickea M Loock

{ Residence, if in Baltimore, Give Street and Number. } 2318 Callow Ave

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 24th 1824

AGE 84 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Steffens

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) -

OCCUPATION OF DECEASED None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Loock

(Address) 2318 Callow Ave

Filed 12/18 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1908 to Dec 17th 1908 that I last saw her alive on Dec 17th 1908, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure, caused by an extreme Arterio - Sclerosis

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Eugene Douglass M.D.

Address 820 W. North ave

Date 190

Place of Burial Baltimore Cemetery

Date Dec - 19th 1908

Undertaker Wm J Gaulbrecht

Address Fruth & Linden Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C17977 Registered No. C C17977

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 143 N. Patuxent St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Raymond Bolger

Residence, Give Street and Number, 143 N. Patuxent St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: July 28th 1902

AGE: 6 years, 4 months, 18 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Joseph Bolger

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Julia Fullem

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Joseph Bolger

(Address) 143 N. Patuxent St.

Filed 12/18 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 16, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1908 to Dec. 16, 1908

that I last saw him alive on Dec. 16, 1908

and that death occurred, on the date stated above, at 9 15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory (Primary) acute Nephritis

(DURATION) 6 DAYS

(Signed) Eugene L. Pessagno M. D.

Address 2314 E. Baltimore St

Date Dec. 16, 1908.

Place of Burial St. Peters Cemetery

Date December 17" 1908

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C17978

Ward 16 Registered No. B

C17978

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 1506 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nettie S. Ayers

{Residence, if in Baltimore, Give Street and Number.} 1506 Harlem Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Dixon

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elida Myers

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Cyrus

(Address) 1506 Harlem ave

Filed 12/18 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Dec 15 1908

that I last saw her alive on 14th 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

General tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wellman S. Sarver M.D.

Address 6 W Preston St

Date Dec 17 1908

Place of Burial Woodlawn Cem

Date DEC 18th 1908

Undertaker V E Smyth Co

Address 1422 Harlem ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 17979

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm G. Morgan

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W

DATE OF BIRTH: —

AGE: 81 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W.

BIRTHPLACE (State or county): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed ..... 190 .....

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 15 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3 1908 to Dec 15 1908

that I last saw h sin alive on Dec 15 1908

and ~~that~~ death occurred, on the date stated above, at 7 M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Nephritis

(DURATION) ..... DAYS

(Signed) W. H. Eaton M. D.

Address Bay View Asylum

Date Dec 16 1908

Place of Burial Chase Md

Date Dec 19 1908

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

Remarks .....

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4

CERTIFICATE OF DEATH.

Registered No. B C17980

City of Baltimore, (No. 121 W. 21st St., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Clay Exall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: July (Month) 16 (Day) 1850 (Year)

AGE: 58 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: L. P. Davis

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ann Leach

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Turner P. Exall

(Address) 121 W. 21 St

Filed 12/19 1908

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 17th (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3d 1908 to Dec 17 1908 that I last saw h.. alive on Dec 17th 1908, and that death occurred, on the date stated above, at 7:30 a. m. The CAUSE OF DEATH was as follows:

Malarial (Typhoid type) Remittent Fever

(DURATION) 14 DAYS

Contributory Syncope

(DURATION) ..... DAYS

(Signed) Henry Chandlee M. D.

Dec 18 1908 (Address) 742 W. Northern

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Richmond Va.

DATE OF BURIAL: Dec. 19 1908

UNDERTAKER: E. W. Mitchell

ADDRESS: 120 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward V

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C17981

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 309 S. Regester St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Stoltz

Residence, Give Street and Number, #309 S. Regester St.

Duration of Residence in Baltimore, Life-time.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Joseph Stolz.

BIRTHPLACE OF FATHER (State or couuty): Germany.

MAIDEN NAME OF MOTHER: Sophia Lapinetka.

BIRTHPLACE OF MOTHER (State or county): Austria.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Stolz.

(Address) 309 S. Regester St.

Filed 12/18 1908

HARRY O. ANDREWS.
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1908 to Dec. 17 1908

that I last saw her alive on Dec. 17 1908

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonitis

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John H. Rehberger M. D.

Address #1709 Alice Anna St

Date Dec. 17th, 1908

Place of Burial St Stanislaus.

Date Saturday Dec 19 1908

Undertaker M F. Sudowski.

Address 703 S. Ann St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C C17982

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonio Brundy

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.

COLOR Col. Black.

DATE OF BIRTH —

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/18 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 16 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Dec 16 1908

that I last saw h-e alive on Dec 16 1908

and that death occurred, on the date stated above, at 3 30 M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion due to

(DURATION) DAYS

Contributory (Primary) Organic Heart

disease (DURATION) DAYS

(Signed) W. E. Eshe M. D.

Address Baltimore City Hosp.

Date Dec 16 1908

JOHNS HOPKINS HOSPITAL

Place of Burial

Date DEC 18 1908 190

Undertaker G. L. Hurley

Address 931 N. Monument St

Remarks

FOR ANATOMICAL PURPOSES

245

Ward 4 C17983 Registered No. B C17983

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 616 Mount St (annex) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Miller

{Residence, if in Baltimore, Give Street and Number.} 616 Mount St (annex)

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH May 15 1852

AGE 56 years, 7 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas L. Logan

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emily Alexander

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A Miller

(Address) 616 N. Mount St.

Filed 12/18 1908 HARRY C. ANDREWS, Deputy PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16 1908

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to Dec 16 1908 that I last saw her alive on Dec 16 1908, and that death occurred, on the date stated above, at 11 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Arthritis

Pulmonalis (DURATION) about 3 years

(Signed) R. P. Carman M.D.

Address 1701 Maryland Ave

Date Dec 17 1908

Place of Burial Baltimore Cem

Date Dec 19 1908

Undertaker Chas. E. Saunders

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 HEALTH DEPARTMENT, City of Baltimore. Registered No. C 17984

CERTIFICATE OF DEATH.

108

(Place of Death.) No. St. Union Protestant Infirmary. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John S. Richardson

Residence, Give Street and Number, Bel Air, Harford Co., Md.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: white

DATE OF BIRTH: 1

AGE: 78 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Harford Co. Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Atty at Law

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. S. Richardson

(Address) 2406 St Paul St

Filed 190

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 18 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1908 to Dec. 18 1908 that I last saw him alive on Dec. 18 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pericarditis

(DURATION) 7 DAYS

Contributory (Primary) Rheumatoid Tumor of Uterus

(DURATION) 4 DAYS

(Signed) Harry L. Howes M. D.

Address Union Protestant Infirmary.

Date December 18 1908

Place of Burial Bel Air. Md.

Date Dec. 18. 1908

Undertaker E. W. Mitchell

Address 1201 N. Fayette St.

Remarks

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 47 Registered No. C C17985 97

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antoni Gurtowske

Residence, Give Street and Number, —

Duration of Residence in Baltimore, 1 day

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR White

DATE OF BIRTH Dec. 17th 1907

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Poland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher Sr.

(Address) 5 S. Gay St.

Filed Dec 18 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1908 to Dec. 17 1908 that I last saw h in alive on Dec. 17 1908 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Dysoenia.

(DURATION) DAYS

Contributory (Primary) Broncho — pneumonia (DURATION) DAYS

(Signed) W. J. Riley. coroner M. D.

Address 1639 Broadway

Date Dec 17 1908

Place of Burial 1st Evangelical Lutheran

Date Dec. 19th 1908

Undertaker H. Sander Sons.

Address 1710 Canton Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) **cause and date of death** of the person deceased,

READ THE LAW PRINTED ON THE MARGIN. C17986 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. C C17986

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1807 N. Bethel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecilia Katherine Dunn

Residence, Give Street and Number, 1807 N. Bethel

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH 1

AGE 1 years, X months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto-

FULL NAME OF FATHER James Dunn

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER Elizabeth Dunn

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dunn

(Address) 1807 N Bethel

Filed 12/18 1908

HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 17 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5:40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

Suddey

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carruthers M. D.

Address Coroners Office

Date Dec 18 08 190

Place of Burial New Cathedral

Date Dec 19 1908

Undertaker E. J. Fanning

Address 1938 E Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C17987 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C 17987

156

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick W. Koch

Residence, Give Street and Number, 1109 Madison ave

Duration of Residence in Baltimore, about 40 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 60 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married

BIRTHPLACE (State or county) New York City

FULL NAME OF FATHER John C. Koch

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Mfg agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick L. Koch

(Address) 526 E. 20th st

Filed 12/18 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 17 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

(asphyxiation by the inhalation of illuminating gas accidently (DURATION) DAYS

Contributory (Primary) Suicide (DURATION) DAYS

(Signed) Sidney Bartram M. D.

Address 700 N. Laf Ave (Corner)

Date Dec 18 1908

Place of Burial Baltimore Cemetery

Date Dec 19th 1908

Undertaker Stewart & Andrews Co

Address 215 Park ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS

HEALTH DEPARTMENT, City of Baltimor 988

Ward 23 Registered No. C

CERTIFICATE OF DEATH. C17988 27

(Place of Death.) No. 21 Gaselee Hanover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Conrad Baumiller

Residence, Give Street and Number, 1108 Collmans Ct

Duration of Residence in Baltimore, ~~Life~~ 4 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH Dec. 1863

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Joseph Baumiller

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Baumiller

(Address) 129 E Clement St.

Filed 12/18 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 17 190 8

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Carrithe M. D.

Address Corner Neck

Date Dec. 17 — 08 190

Place of Burial St Josephs Balt. Co.

Date Dec 19th 190 8

Undertaker Jas. Stuntebeck

Address 1318 Light St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C17989

HEALTH DEPARTMENT, City of Balti...

Ward 9

Registered No. C C17989

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1214 E. North Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabel McCarthy

Residence, Give Street and Number, 1214 E. North Ave.

Duration of Residence in Baltimore, Life Time C17989

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 14 June 1841

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Marton Shancaulms

BIRTHPLACE OF FATHER (State or county): France

MAIDEN NAME OF MOTHER: Susan Hamlet

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Humphreys

(Address) 1214 E. North Ave

Filed 12/19 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18 1906

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 18 1908

that I last saw her alive on Dec 18 1908

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage

about 36 hours (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Fred D Blake M. D.

Address 1014 W Lafayette Ave

Date Dec 18th 1908

Place of Burial Loudon Park

Date Dec 21 1908

Undertaker Disich & Son

Address 600 W Baltimore

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C17990 Registered

CERTIFICATE OF DEATH.

156

(Place of Death.) No. 1511 W - Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah A. Walker

{Residence, if in Baltimore, Give Street and Number.} 1511 W. Lanvale St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 1 1827

AGE 81 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Saml V. Hamilton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Peach

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Hamilton

(Address) 1511 W. Lanvale

Filed 12/19 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1908 to Dec 16 1908 that I last saw h.. alive on Dec 16 1908, and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ulcerative Colitis

13 days duration

(DURATION) 13 DAYS

Contributory (Primary.) Hypostasis

13 days (DURATION) 13 DAYS

(Signed) John T. King M.D.

Address 1420 Eutaw Pl

Date Dec 18 1908

Place of Burial London Park

Date Dec 19 1908

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

HEALTH DEPARTMENT,

Ward 27 C17991 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 South Eutaw Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Kiefer

{Residence, if in Baltimore, Give Street and Number.} S. W. Cor. Eutaw & Pratt Sts.

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 7, 1850

AGE 58 years, 0 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Peter Kiefer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmina Sebuck

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Kiefer

(Address) S.W. Cor. Eutaw & Pratt Sts

Filed 12/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1908

I HEREBY CERTIFY, That I attended deceased from an Prior 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

[illegible]

(DURATION) Decades DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick Martin M.D.

Address Prior

Date Dec. 17 1908

Place of Burial Cathedral Cemetery

Date December 21, 1908

Undertaker Henry W. Means & Son

Address 805 N. Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward ..... C17992 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Ruley

{Residence, if in Baltimore, Give Street and Number.} 411 S. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 16 1847

AGE 61 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John H. Binger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Ruley

(Address) 411 S. Chester St.

Filed 12/19 1908 JERRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 11th 1908 to Dec. 17th 1908 that I last saw her alive on Dec. 17th 1908, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) W. H. Johnson M.D.

Address 207 E. Baltimore St.

Date Dec. 18th 1908

Place of Burial Sacred Heart

Date Dec. 21 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. C17993

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 176 E North Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Wilhelm

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug (Month) 31 (Day) 84 (Year)
AGE	84 years, 3 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto Co Md
FULL NAME OF FATHER	Isaac Crowlhus
BIRTHPLACE OF FATHER (State or country)	Balto Co Md
MAIDEN NAME OF MOTHER	Matilda Davis
BIRTHPLACE OF MOTHER (State or country)	Frederick Co Md
OCCUPATION OF DECEASED	Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Wilhelm

(Address) 3708 Hickory Ave

Filed 12/19 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 17 1908

that I last saw h.. alive on " " 1908,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 7 DAYS

Contributory Pulmonary Oedema

(DURATION) 1 DAYS

(Signed) W B Kemp M. D.

190 (Address) 2116 St Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
J. S. Marshall	DEC 24 1908
UNDERTAKER	ADDRESS
H. Mays (Hamp. dens)	3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 1 C17994 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward. V. Wachter (Wachter)

{ Residence, if in Baltimore, Give Street and Number. } Lansdowne Balto Co

Duration of Residence in Baltimore. 68 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1885

AGE 53 years, 8 months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Laurel Md

FULL NAME OF FATHER Jacob H. Wachter

BIRTHPLACE OF FATHER (State or country) Frederick Md

MAIDEN NAME OF MOTHER Jane Elizabeth Rice

BIRTHPLACE OF MOTHER (State or country) Washington D.C.

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob H. Wachter

(Address) Lansdowne Md.

Filed 12/19 1908 BARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18. th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 12 1908 to Dec 18 1908

that I last saw h.im alive on Dec 18 1908,

and that death occurred, on the date stated above, at 910 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs and Nervous System Hemorrhage of Lungs (DURATION) 68 DAYS

Con'tributory (Primary.) Hemorrhage of Lungs 2 months (DURATION) 8 DAYS

(Signed) Dr. G. W. Kennard M.D.

Address 708 Ensor St

Date Dec 18 th 1908

Place of Burial Granite Md

Date Dec 20 1908

Undertaker Jas B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C17995 Registered No. B [illegible] 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 E° Lafayette Av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name. Mrs Eva B. Heitz

{Residence, if in Baltimore, Give Street and Number.} 1914 E° Lafayette

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 2 1837

AGE: 71 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Stachmik

(Address) 1914 E Lafayette Av

Filed 12/19/1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 18 1908

I HEREBY CERTIFY, That I attended deceased from Mar 1 1907 to Dec 18 1908 that I last saw her alive on Dec 17 1908, and that death occurred, on the date stated above, at 5.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

(DURATION) 18 Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Grossmann M.D.

Address 1303 Light St

Date Dec 18 1908

Place of Burial Baltimore Cemetery.

Date Dec 20th 1908

Undertaker Bertram Bros.

Address 1723 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6th

C17996 Registered No. B 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 2109 Moyer St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles W. Hartmeyer

{Residence, if in Baltimore, Give Street and Number.} 2109 Moyer St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 4 1908 1

AGE: ..... years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Albert Hartmeyer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Louisa Bunger

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Hartmeyer

(Address) 2109 Moyer St

Filed 12/19 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 19th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 18th 1908 to Dec. 19th 1908

that I last saw him alive on Dec. 18th 1908

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 1 DAYS

Con'tributory (Primary.) measles

(DURATION) 2 DAYS

(Signed) W. H. Johnson M.D.

Address 2017 E. Baltimore St

Date Dec. 19th 1908

Place of Burial Loudon Park

Date Dec 20, 1908

Undertaker Louis Heermann

Address 92 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE M...

HEALTH DEPARTMENT, City of Baltimo...

Ward 14

Registered No. C 17997

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 W Mulberry St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno B. Scharen

Residence, Give Street and Number, 609 W Mulberry

Duration of Residence in Baltimore, 60 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH Aug 8 1834

AGE 74 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Jno Scharen

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Scharen

(Address) 609 W. Mulberry St

Filed 12/19 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 17 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 17 1908

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

Sudden (DURATION) ... DAYS

Contributory (Primary) La Grippe (DURATION) 2 DAYS

(Signed) C. A. Marlin M. D.

Address Comes

Date Dec 18 1908

Place of Burial St Pauls Lutheran Cemetery

Date Dec 20 1908

Undertaker Wm A Rohde & Son

Address 730 Aisquith

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 C17998 Registered No. B C17998

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1160 Hanlden St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E. Baker

{ Residence, if in Baltimore, Give Street and Number. } 1160 Hanlden Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	March 17 1859
AGE	49 years, 9 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	Balt Md
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Balt Md.
OCCUPATION OF DECEASED	House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Baker

(Address) 1160 Hanlden Ave

Filed Dec 19 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1908

I HEREBY CERTIFY, That I attended deceased from Sept 11 1908 to Dec 17 1908 that I last saw h alive on Dec 16 1908, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Irhelmia

(DURATION) DAYS

Contributory (Primary.)

Chronic (DURATION) DAYS

(Signed) Edw Preuth M.D.

Address 617 Lexington

Date Dec 18 1908

Place of Burial Mt Auburn Cemetery

Date Dec 20th 1908

Undertaker Geo Lewis Buck & Son

Address 60 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 17999

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 629 W Lafayette Ave

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Sullivan

Residence, Give Street and Number, 629 W Lafayette Ave

Duration of Residence in Baltimore, 58 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR white

DATE OF BIRTH — 1820

AGE 80 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Timothy Sullivan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Sarah Rice

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF..

(Informant) John J Collins

(Address) 622 W Lafayette Ave

Filed Dec 19. 1908 HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1908 to Dec 18th 1908

that I last saw h[illegible] alive on Dec 17th 1908

and that death occurred, on the date stated above, at 1

— M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis et Asthenia.

(DURATION) DAYS

Contributory (Primary) Age.

(DURATION) DAYS

(Signed) John J. McCarthy M. D.

Address 656 W Franklin St

Date Dec 19th 1908

Place of Burial New Cathedral

Date Dec 20 ~~20~~ 1908

Undertaker Martyn Fahey & Son

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

17 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C18000

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 17 E. 21st St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Myra Lee Cavalier

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. - 9th - 1841.
(Month) (Day) Year)

AGE: 67 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Richard B Lee

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Julia A. Rossee

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliz. C. Lee

(Address) 1528 Park Ave

Filed Dec 19 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. - 19 - 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1908 to Dec 18th 1908

that I last saw h-er alive on Dec. 18th 1908

and that death occurred, on the date stated above, at ..... A. M. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) 6 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. H. Arthur M. D.

Dec 19 1908 (Address) 516 Mulberry St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Alexandria Va | DATE OF BURIAL: Dec. 22 1908

UNDERTAKER: E. W. Mitchell | ADDRESS: 120 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C18001

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2026 Pulaski St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wilbur Bates

Residence, Give Street and Number, 2026 Pulaski St

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX male

COLOR White

DATE OF BIRTH 1

AGE 25 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER James I Bates

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Catherine Smith

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob I Bates

(Address) 2026 Pulaski

Filed Dec 19. 1908 HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18 1908

I HEREBY CERTIFY, That I attended deceased from May 3 1908 to Dec 18 1908

that I last saw h— alive on Dec 18 1908

and that death occurred, on the date stated above, at 11

AM. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary) Phthisis Pulmonalis

(DURATION) 9 months

(Signed) Jno J Madden M. D.

Address 853 W. North Ave

Date Dec 18 1908

Place of Burial Loudon Park

Date Dec 20 1908

Undertaker Wm Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE [illegible]

HEALTH DEPARTMENT, City of Baltimore

Ward 5

Registered No. C 18002

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 332 Forrest St

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Isadore Cohen

Residence, Give Street and Number, 332 Forest St.

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Morris Cohen

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Sarah Goldman

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Cohen

(Address) 332 Forrest St

Filed Dec 19. 1908 HARRY C. ANDREAE, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 1908 to 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at about 8 30 M.

CAUSE OF DEATH (Secondary or Immediate.)

Contusions

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. Riley Cumer M. D.

Address 1639 Bway

Date Dec 18 1908

Place of Burial Hebrew Boardale Cem

Date Dec 21 1908

Undertaker Mary Linnen

Address 1620 N Eden ~~Mayt~~

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

Registered No. B C 18003

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1301 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C Fritzger

{Residence, if in Baltimore, Give Street and Number.} 1301 Hull St.

Duration of Residence in Baltimore Lifetime 18003

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 1st 1865

AGE 43 years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoe Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Fritzger

(Address) 1301 Hull St

Filed Dec 19 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Decem 17 1908

I HEREBY CERTIFY, That I attended deceased from Decem 1907 to Decem 1908 that I last saw him alive on 12/17 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Dis (Chronic)

One Year (DURATION) DAYS

Contributory (Primary.) Dropsy & Gen Debility

(DURATION) DAYS

(Signed) L L Burlington M.D.

Address 102 E Fort ave

Date 12/18 1908

Place of Burial Holy Redeemer Cem.

Date Dec 20th 1908

Undertaker Lilly and Zeiler

Address 405 S Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C18004 Registered No. C

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 425 Forest Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas Semon

Residence, Give Street and Number, 425 Forest Av

Duration of Residence in Baltimore, C18004

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH 1

AGE 3 years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER M. Semon

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Sarah Sivansky

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Simons

(Address) 425 Forest Av

Filed Dec 20 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 19 Dec 1908

I HEREBY CERTIFY, That I attended deceased from 5 Dec 1908 to 19 Dec 1908

that I last saw h/o alive on Dec 5th 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) 14 DAYS

(Signed) J W Lyebenson M. D.

Address 263 S Bond St

Date 19 Dec 1908

Place of Burial Hebrew Cemetery Rosedale

Date December 20 1908

Undertaker Max Levinson

Address 1620 Aliceberry St.

Remarks

Ward 8 C18005 Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1220 N. Patterson Park ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. McLean

{ Residence, if in Baltimore, Give Street and Number. } 1220 N. Patterson Park ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 1st 1841

AGE: 67 years, 8 months, 17 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William M McLean

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarah Holland

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H M Burgan

(Address) 1220 Patterson Park ave

Filed 12/20 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov 29 1908 to Dec 17 1908 that I last saw h[illegible] alive on Dec 17 1908, and that death occurred, on the date stated above, at 6.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Mitral Disease of the Heart

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1508 N. Charles st

Date Dec 18th 1908

Place of Burial London Park Cemetery

Date December 20th 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C18006 Registered No. B C18006

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1605 Harford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie E. Andrews

{Residence, if in Baltimore, Give Street and Number.} 1605 Harford ave

Duration of Residence in Baltimore. Lifetime

B18006

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 12th 1855

AGE 53 years, 6 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry L Harrison

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Caroline C Nolan

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ringgold Andrews

(Address) 1605 Harford ave

Filed 12/20 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19th 1908

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1908 to Dec 19th 1908

that I last saw h[illegible] alive on Dec 18th 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Insufficiency Valvulitis

5 hrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 150 [illegible]

Date Dec 19th 1908

Place of Burial London Park Cemetery

Date December 22nd 1908

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13

Registered No. C (18004)

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1552 Bruce St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Etta Maddeu

Residence, Give Street and Number, 1552 Bruce St

Duration of Residence in Baltimore, Life (18007)

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Chas. Madden

BIRTHPLACE OF FATHER (State or couuty): Md

MAIDEN NAME OF MOTHER: Lucie Madden

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Madden

(Address) 1552 Bruce St

Filed 12/20 190 8 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec. 19 190 8

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Lieut Galvin M. D.

Address 700 N. Lafayette Ave (Coroner)

Date Dec 19 190 8.

Place of Burial Mt Auburn

Date Dec 20th 190 8

Undertaker Johnson Brough

Address 264 N Carey St

Remarks .....

Ward 5

Registered No. C 180 08

CERTIFICATE OF DEATH.

119

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Lee

Residence, Give Street and Number, 307 Norwood Court.

Duration of Residence in Baltimore, 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Frank Lee.

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary Lee.

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lee Wife

(Address) 8 N Smith St

Filed Dec 20 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 18 1908

that I last saw him alive on Dec 18 1909

and that death occurred, on the date stated above, at 130 a M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis.

Unknown. (DURATION) DAYS

Contributory (Primary) Nephritis. (DURATION) DAYS

(Signed) S. H. Streett M. D.

Address Md. Genl Hosp.

Date Dec 18 1908

Place of Burial Mt Auburn Cemetery

Date Dec 20. 1908

Undertaker R. McCullough

Address 506 Roger Ste-

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 1331 E. Lanvale St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry J. Berkemeier

{ Residence, if in Baltimore, Give Street and Number. } 1331 E. Lanvale St

Duration of Residence in Baltimore. 45 Years. C 18009

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: April 28 1833

AGE: 75 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Berkemeier

(Address) 1331 E. Lanvale St

Filed

Dec 22 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12, 1908 to Dec 18, 1908 that I last saw h.. alive on Dec 15, 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) ..... M.D.

Address .....

Date Dec 19 1908

Place of Burial Baltimore Cem.

Date Dec. 21st 1908

Undertaker C. Fink & Son

Address 916 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C180010

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1309 E. Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George M. Fox

{ Residence, if in Baltimore, Give Street and Number. } 1309 E. Lafayette

Duration of Residence in Baltimore. Life Time C180010

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: March 10 1885

AGE: 25 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jeremiah Fox

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Mahar

BIRTHPLACE OF MOTHER (State or country): Balt.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fox

(Address) 1309 E. Lafayette

Filed Dec 20 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 19 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30 1908 to Dec 19 1908 that I last saw h[illegible] alive on Dec 18 1908, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Con'ributory (Primary.) Tuberculosis

(DURATION) 79 DAYS

(Signed) Chas L. Lampton M.D.

Address 1254 N. Broadway

Date Dec 19 1908

Place of Burial New Cathedral

Date Dec. 22 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C C18011

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 831 E. Eager St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Burton Steele

Residence, Give Street and Number, 831 E. Eager

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 18 1908

AGE: ..... years, ... months, 36 Hrs. days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Alfred L. Steele

BIRTHPLACE OF FATHER (State or county): Del.

MAIDEN NAME OF MOTHER: Virginia Lamyman

BIRTHPLACE OF MOTHER (State or county): Del

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Steele.

(Address) 831 E. Eager St

Filed Dec 20 1908 ECW

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 19" 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 18" 1908 to Dec. 19 1908.

that I last saw h im alive on Dec. 19 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition

(DURATION) Life DAYS

Contributory (Primary) Infos. Foetus.

(DURATION) — DAYS

(Signed) C. W. Hoffman M. D.

Address 2100 W. North Ave.

Date Dec. 19" 1908

Place of Burial Balto Cemetery

Date Dec 20 1908

Undertaker Wm Cook

Address 502 E. North Ave.

Remarks This child was born prematurely and was too weak to live

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased,*** and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C18012 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2200 Greenmount Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Adelaide Young.

Residence, Give Street and Number, 2200 Greenmount Av

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: White

DATE OF BIRTH: Nov 3 - 1903.

AGE: 5 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single.

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Arthur J. Young.

BIRTHPLACE OF FATHER (State or county): Wash D.C.

MAIDEN NAME OF MOTHER: Margaret A. Gelbrist

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret A Young

(Address) 2200 Greenmount Av

Filed Dec 20 1908

Geo. Cl

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 12/19/1908

I HEREBY CERTIFY, That I attended deceased from 12/16 1908 to 12/19 1908

that I last saw her alive on 12/19 1908

and that death occurred, on the date stated above, at 9 A M.

CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) H. S. Gorsuch M. D.

Address 501. E. 22 nd St

Date 12/19/1908

Place of Burial Cathedral Cem

Date Dec 21/08 190

Undertaker Wm Cook & Son

Address 5026 North Av.

Remarks

Ward 4 Registered No. B 018013

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Barcley

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black-

DATE OF BIRTH Oct. 13, 1908

AGE ..... years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed Dec 20 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17, 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1908 to Dec. 16 1908

that I last saw him alive on Dec. 16 1908,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus-

(DURATION) 2 Mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Caroline St.

Date Dec. 18, 1908

Place of Burial Cathedral Cemetery

Date December 20th 1908

Undertaker Felix B Fitz.

Address 102 E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. C 167

CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 E. 20th St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Shea

Residence, Give Street and Number, 1106 E. 20th St

Duration of Residence in Baltimore, Life C 18014

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH .....1.....

AGE 37 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Owen Dawson

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary McGuire

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 1012 Gwynn's Ave

Filed 12/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 18 1908

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190

and that death occurred, on the date stated above, at 1230 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Burns of body (accidental)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carmine M. D.

Address Corner Noes

Date Dec 18 08 1908

Place of Burial St Mary's Govanstown

Date Dec 20 1908

Undertaker H. C. Windsfeld

Address 914 Gwynnmount Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 018015

CERTIFICATE OF DEATH.

(Place of Death.) No. 3103 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan H. R. Bell

{ Residence, if in Baltimore, Give Street and Number. } 3103 O'Donnell St.

Duration of Residence in Baltimore. 6 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 12 1891

AGE: 17 years, 4 months, 6 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Chas. L. Bell

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Isabella Crump

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. L. Bell.

(Address) 3103 O'Donnell St

Filed Dec 10 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 18 1908

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Dec. 18 1908 that I last saw her alive on Dec 18 1908, and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) ~~4~~ DAYS

Contributory (Primary.)

Asthenia (DURATION) 6 weeks DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton St.

Date Dec. 18 1908

Place of Burial Oak Lawn Cemetery

Date Dec. 20, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 015016

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 2021 St Paul St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Sadee

Residence, Give Street and Number, 2021 St Paul

Duration of Residence in Baltimore, 50 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH: August 8th 1830

AGE: 78 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed.

BIRTHPLACE (State or county): New castle Co- Delaware

FULL NAME OF FATHER: John McCrone

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Farmer

BIRTHPLACE OF MOTHER (State or county): Emyland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lola M. Reese

(Address) 2021 St Paul St.

Filed Dec 30 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1907 to Dec 18th 1908

that I last saw her alive on Dec 17th 1908

and that death occurred, on the date stated above, at 8 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Paralysis Agitans about 8 years

(DURATION) DAYS

(Signed) Geo B Reynolds M. D.

Address 809 N Charles St

Date Dec 18th 1908

Place of Burial Greenmount Cemetery

Date Dec. 1908

Undertaker Edw. J. Fanning, FUNERAL DIRECTOR.

Address 1938. E Lafayette

Remarks

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B C18017

City of Baltimore, (No. 226, N. Dallas St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Spence

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored.

DATE OF BIRTH: ..... (Month) ..... (Day) ..... Year)

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Lee

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Carrie Dawkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj Spence

(Address) 226 N Dallas st

Filed Dec 10 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 17 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Dec 17 1908 that I last saw h er alive on Dec 17 1908, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Hepatic Carcinoma:

Several months (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter M. White M. D.

Dec 8 1908 (Address) Cor Y Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Dec 13 1908

UNDERTAKER: R McElliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 77

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 018018

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 439 Conway St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edw. Winston

Residence, Give Street and Number, 439 Conway St

Duration of Residence in Baltimore, life

PERSONAL AN STATISTICAL PARTICULARS.

SEX M

COLOR C

DATE OF BIRTH ..... 1 .....

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST ~~OF~~ MY KNOWLEDGE AND BELIEF.

(Informant) G Lawrence Fisher

(Address) 439 Conway St

Filed Dec 20 1908

Registrar. GCW

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Dec 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

(DURATION) Sudden DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M. D.

Address Conway

Date Dec 20 1908.

Place of Burial Mt Auburn Cemetery

Date Dec 21 1908

Undertaker R H Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 Registered No. B C18019

CERTIFICATE OF DEATH.

(Place of Death.) No. 571 N Dallas St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Cl Cop

{Residence, if in Baltimore, Give Street and Number.} 571 N Dallas St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colard

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Cop

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Cop

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Boot Black

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Cop

(Address) 571 N Dallas St

Filed Dec 19 1908

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1908 to Dec 17th 1908

that I last saw her alive on Dec 17th 1908

and that death occurred, on the date stated above, at 2.30

11. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J A Sloan M.D.

Address 504 E Eager St

Date Dec 18th 1908

Place of Burial Asbury Cemetery

Date Dec 20 1908

Undertaker R St Elbert

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward ..... Registered No. C C18020

101

CERTIFICATE OF DEATH.

(Place of Death.) No. 1218 Foster St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. D. Jones

Residence, Give Street and Number, 1218 Foster St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER David Jones

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Annie Cars

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED Porter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wilson

(Address) 1009 Morris Av

Filed Dec 20 1908 E C W

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 19 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Interstitial Perforation

..... (DURATION) ..... DAYS

Contributory (Primary) Acute Indigestion

..... (DURATION) ..... DAYS

(Signed) Silas Radcliffe M. D.

Address 700 N. Lafayette Ave (Corner)

Date Dec 19 1908

Place of Burial Laurel Cemetery

Date Dec 21 st 1908

Undertaker John A Bishop

Address 1107 E. 25th

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C18021 C18021

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. House of the Good Shepherd St./Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Goetzy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: Valentine Goetzy

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catharine Bunkler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of Good Shepherd

(Address) .....

Filed 12/20 190 8

HARRY C. ANDREWS, CHIEF CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 19th (Month) 19 (Day) 190 8 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 190 7 to Dec 19th 190 8

that I last saw her alive on Dec 18th 190 8,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

3 Years or More (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. F. Michaelsand M. D.

190 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cem	Dec 23 190 8
UNDERTAKER	ADDRESS
Jno J Fahey & Son	230 Holliday St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cause comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C18022 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hoh

{ Residence, if in Baltimore, Give Street and Number. } 1632 Thames St

Duration of Residence in Baltimore. 26 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 24th 1858

AGE: 50 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Boarding house keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. Zizzi

(Address) 903 S. Broadway.

Filed 12/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1908 to Dec 17, 1908

that I last saw him alive on Dec 16, 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Traumatic Pneumonia

& Delirium Tremens.

about (DURATION) 7 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 4 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Dec 19, 1908

Place of Burial 1st Evangelical Cem.

Date Dec. 20th 1908

Undertaker H. Sander & Sons

Address 1710 Carlton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C 18023
120

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1807, Jr. Saratoga St.; 19th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harleon H. Duncan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 22 (Month) (Day) 1821 (Year)

AGE: 87 years, 7 months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bell Duncan

(Address) 1807 W Saratoga st

Filed 12/20 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 18 1908

that I last saw him alive on Dec 18 1908,

and that death occurred, on the date stated above, at 2.15 A.M. The CAUSE OF DEATH was as follows:

Atrophic Nephritis

(DURATION) 6 Months

Contributory —

(DURATION) DAYS

(Signed) Benj F Rhiniger M. D.

Dec 19 1908 (Address) 1929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: York Pa

DATE OF BURIAL: Dec 21 1908

UNDERTAKER: Wilbur H Shriver

ADDRESS: 516 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 18024 Registered No. C 18024

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Old York Road West Dumbarton Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Waverly

Full Name J. Homer Drack Jr.

{ Residence, if in Baltimore, Give Street and Number. } Old York Road W Dumbarton Ave

Duration of Residence in Baltimore. One Hour.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 20 1905

AGE One Hour
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER J. Homer Drack

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sarah Jean Mullen

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Homer Drack

(Address) York Road

Filed Dec 20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 20 1908 that I last saw h.. alive on Dec 20 1908, and that death occurred, on the date stated above, at 2 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Evans M.D.

Address 602 Eutaw Ave

Date Dec 20/ 1908

Place of Burial Druid Cathedral

Date Dec 21 1908

Undertaker E A Wedefeld & Co

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B C18025

CERTIFICATE OF DEATH.

6,

(Place of Death.) No. 41 Jenkins Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elisabetha Fiedler

{ Residence, if in Baltimore, Give Street and Number. } 14 days 41 Jenkins Lane

Duration of Residence in Baltimore. 14 days

C 18025

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 21st 1906

AGE 1 years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Hungary

FULL NAME OF FATHER Franz Fiedler

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Magdalena Messmer

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Magdalen Fiedler

(Address) 41 Jenkins Lane

Filed Dec 20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20th 1908

I HEREBY CERTIFY, That I attended deceased from December 13 1908 to Dec. 20th 1908 that I last saw h[illegible] alive on Dec 20 1908; and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar pneumonia (DURATION) 7 DAYS

Contributory (Primary.)

Measles (DURATION) 10 DAYS

(Signed) [illegible] M.D.

Address 1823 w North Av

Date Dec. 20th '08 1908

Place of Burial Holy Cross

Date Dec 21 1908

Undertaker C. P. Weisfeld Jr

Address 2113 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Corkrean

{ Residence, if in Baltimore, Give Street and Number. } Williamsburg W. Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Corkrean

(Address) Williamsburg W. Va

Filed Dec 20 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20" 1908

I HEREBY CERTIFY, That I attended deceased from Dec: 18" 1908 to Dec: 20 1908 that I last saw h alive on Dec 20 1908, and that death occurred, on the date stated above, at 11.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Andrews M.D.

Address Johns Hopkins Hospital

Date Dec 20" 1908

Place of Burial Williamsburg W. Va

Date Dec 29" 1908

Undertaker Allen & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 18027 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 230 Harrison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Blum

{ Residence, if in Baltimore, Give Street and Number. } 230 Harrison St C 18027

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1908

AGE: — years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Phillip Blum

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Cohen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Blum

(Address) 230 Harrison St

Filed Dec 20 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1908 to Dec 20 1908 that I last saw h. alive on Dec 20 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. H. Buxton M.D.

Address 222 E Cross St

Date Dec 20 1908

Place of Burial Helen Blair Rd

Date Dec. 21, 1908

Undertaker My Lairmore

Address 1620 Mc Elderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18028 Registered No. B

40

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lloyd Russell

{ Residence, if in Baltimore, Give Street and Number. } Roxwell Post Office Back River Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 67 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/21 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 12th 1908 to Dec 18th 1908 that I last saw h alive on Dec 18th 1908, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Gatch M.D.

Address Johns Hopkins Hospital

Date December 18th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 19 1908 1908

Undertaker Commissioner Health. Per. Wm. E. WOODALL.

Address

FOR ANATOMICAL PU

WM. J. C. DULANY CO., BALTIMORE.

243

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 18029

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 1827 N. Brunt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Knapp

Residence, Give Street and Number, 1827 N. Brunt St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: Jan 11th 1864

AGE: 44 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Henry Knapp

BIRTHPLACE OF FATHER (State or county): City

MAIDEN NAME OF MOTHER: Anna Zehr

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Knapp

(Address) 1827 Brunt St

Filed 12/21 1908

BARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 19th 1908.

I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1908 to Dec. 19 1908

that I last saw h[illegible] alive on Dec. 19 1908

and that death occurred, on the date stated above, at 1.40 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis.

One Year (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Louis W. Knight M. D.

Address 414 N. Greene St.

Date Dec. 20 1908.

Place of Burial Loudon Park

Date Dec 22nd 1908

Undertaker Geo. Nebel

Address 1155 W. Camy St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Dr Knight

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C C18030

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1039 N. Monroe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry A. Werking

Residence, Give Street and Number, 1039 N. Monroe

Duration of Residence in Baltimore, 23 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: Sept 1st 1861

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): West Va

FULL NAME OF FATHER: Jacob S. Werking

BIRTHPLACE OF FATHER (State or county): Don't Know

MAIDEN NAME OF MOTHER: Viana E. Moore

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Werking

(Address) 1039 N. Monroe St

Filed 12/21 1908

BARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18th 1908

I HEREBY CERTIFY, That I attended deceased from March 1 1906 to December 18 1908

that I last saw him alive on Dec 18 1908

and that death occurred, on the date stated above, at 8 1.5 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Hypostatic Congestion of the Lungs

(DURATION) 3 DAYS

Contributory (Primary) Phthisis Pulmonalis

(DURATION) 4 years DAYS

(Signed) A M Stevenson, M. D.

Address 431 North Carey Street

Date December 19 1908

Place of Burial Loudon Park

Date Dec 21st 1908

Undertaker Geo. Weber

Address 1155 N. Carey St

Remarks

Stevenson
431
N. Carey

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C18031 Registered No. B C18031

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 744 35 St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa H. Jones

{Residence, if in Baltimore, Give Street and Number.} 744 - 35th St.

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 1 st 1863

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Birmingham Eng

FULL NAME OF FATHER: Wm. Wynde

BIRTHPLACE OF FATHER (State or country): Leominster Eng

MAIDEN NAME OF MOTHER: Elizabeth Bayes

BIRTHPLACE OF MOTHER (State or country): Leominster Eng

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roger D Jones

(Address) 744 35- St. Hampden

Filed 12/21 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 19 1908

that I last saw her alive on Dec 18 1908,

and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) two DAYS

Contributory (Primary.) Heart disease

many years (DURATION) DAYS

(Signed) Marie Lettie Ingraham M.D.

Address 10 W North Ave

Date Dec. 19 1908

Place of Burial Western Cem

Date Dec 21 1908

Undertaker Robt Boarman

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C18032

City of Baltimore, (No. Good Samaritan Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Ella J. Helgert

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White.

DATE OF BIRTH: Dec (Month) 5 (Day) 184[illegible] (Year)

AGE: 64 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Esche

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Louderwicke Hilfers.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Schoolteacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin Helgert

(Address) 2216 E Fourth av

Filed 12/21 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1908 to Dec. 20 1908

that I last saw h[illegible] alive on Dec. 20 1908;

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:

Chronic Bronchopneumonia Nephritis and Mitral Insufficiency.

(DURATION) 20 DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) Anna D. Schultz M. D.

Dec. 20 1908 (Address) 1030 The Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2216 E. Fourth St. How long at Place of Death? 27 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Dec 23 1908

UNDERTAKER: Lemmon

ADDRESS: 606 E Fourth av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC18033

City of Baltimore, (No. 1536 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Bechtold

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: ... (Month) ... (Day) 1 (Year)

AGE: 66 years, 1 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Bechtold

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Nettie Bechtold

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Bechtold

(Address) 1536 N. Cary

Filed 12/21 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 19 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Febry 1908 to Dec 19 1908 that I last saw him alive on Dec 14 1908, and that death occurred, on the date stated above, at 5:15 A. M. The CAUSE OF DEATH was as follows:

Exhaustion from Locomotor Ataxia

Pernicious Anaemia

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) A C Pole M. D.

Dec 19 1908 (Address) 2038 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Dec 21 1908

UNDERTAKER: Geo Cook — ADDRESS: 602 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18034

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 Fredrick ave St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.) 120

Full Name August F. Volkman

Residence, Give Street and Number, 16 Fredrick ave

Duration of Residence in Baltimore, 57 years C18034

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 20. 1831

AGE: 77 years, 11 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Conrad Volkman

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Augustia Thadle

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Doctor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Volkman

(Address) 16 Fredrick Ave

Filed 12/21 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1908 to Dec 18 1908

that I last saw him alive on Dec 18 1908

and that death occurred, on the date stated above, at 10

P. M. CAUSE OF DEATH (Secondary or Immediate

Chronic Nephritis

Uremia (DURATION) abt 6 wks DAYS

Contributory (Primary)

Heart failure (DURATION) 1 hour DAYS

(Signed) Robt B. G. Leboith M. D.

Address 1318 N. Charles St.

Date Dec. 19 1908

Place of Burial Loudon Park

Date Dec 22/1908 1908

Undertaker Tom Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18035

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 N. Caroline St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura A. Brown

Residence, Give Street and Number, 902 N. Caroline Ste.

Duration of Residence in Baltimore, Life time.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH October 3rd 1828

AGE 80 years, 2 months, 17 days

~~SINGLE,~~ MARRIED, WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Elijah Brown

BIRTHPLACE OF FATHER (State or county) Harford Co. Md.

MAIDEN NAME OF MOTHER Mary Crismond

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jennie Boyd

(Address) 902 N. Caroline St.

Filed 12/21 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 20th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1908 to December 20 1908

that I last saw her alive on Dec. 11 1908

and that death occurred, on the date stated above, at 9 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure Cause

Old Age

Arterio - Sclerosis (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Walter V. A. Meyer M. D.

Address 1031 N. Caroline Ste.

Date Balto. Md. Dec. 20th 1908.

Place of Burial Baltimore Cem

Date Dec 23 1908

Undertaker Wm Cook

Address 502 E. North ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. C 18036

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 411 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony A Welby

Residence, Give Street and Number, 411 E. Madison St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	Sept. 1, 1886
AGE	22 years, 3 months, 19 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Balto
FULL NAME OF FATHER	John J. Welby
BIRTHPLACE OF FATHER (State or county)	Ireland
MAIDEN NAME OF MOTHER	Butler
BIRTHPLACE OF MOTHER (State or county)	Ireland
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 411 E. Madison St

Filed 12/21 1908 — HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 19, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14, 1908 to Dec 19, 1908

that I last saw h~~im~~ alive on Dec 18 1908

and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Double Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) ~~~

(DURATION) DAYS

(Signed) M. A. O'neill M. D.

Address 108 N. Fulton Ave

Date Dec. 19, 1908

Place of Burial Cathedral

Date Dec 22 1908

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

Remarks

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

93

CERTIFICATE OF DEATH.

Registered No. B C18037

City of Baltimore, (No. 1001 Concord St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David T. Russell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 18 (Day) 908 (Year)

AGE: — years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Russell

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret Reynolds

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1001 Concord St

Filed 12/21 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 6 1908 to Dec 20 1908 that I last saw h[illegible] alive on Dec 20 1908, and that death occurred, on the date stated above, at 12 15 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 12 DAYS

Contributory Exhaustion

(DURATION) 13 DAYS

(Signed) J B Saunders M. D.

Dec 20 1908 (Address) 219 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Vincents — DATE OF BURIAL: Dec 21 1908

UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C18038 Registered No. B C18038

CERTIFICATE OF DEATH. 166

(Place of Death.) No. The Plaza Apartments - Park Ave & Wilcox St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Eliza H. Connell

{Residence, if in Baltimore, Give Street and Number.} The Plaza Apartments

Duration of Residence in Baltimore. 17 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Oct 15 1837

AGE 71 years, 2 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Richmond Ind.

FULL NAME OF FATHER Solomon Honey

BIRTHPLACE OF FATHER (State or country) N.C.

MAIDEN NAME OF MOTHER Ruth Vore

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Connell

(Address) The Plaza Apartments

Filed 12/21 1908 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18, 1908

I HEREBY CERTIFY, That I attended deceased from Oct 21 1908 to Dec 18 1908 that I last saw h-er alive on Dec 18 1908, and that death occurred, on the date stated above, at 9.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia, following accident ac cidental injuries by being run over by horse & wagon, S. Broad-way, Baltimore (DURATION) 7 DAYS

Contributory (Primary.) Accident

Broken leg (DURATION) 8 Wks

(Signed) H J Walton M.D.

Address The Plaza

Date Dec 19 1908

Place of Burial Loudon Park

Date Dec 21 1908

Undertaker Chas E. Isaacs

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward.....

Registered No. C 18039

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. Bay View Hospital St.

Full Name Chas. J. Beck

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH — 1

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address).....

Filed 12/21 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 20 1908

I HEREBY CERTIFY, That I attended deceased from Apr 20 1908 to Dec 20 1908

that I last saw h[illegible] alive on Dec 20 1908

and that death occurred, on the date stated above, at 12 50 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Phthisis

(DURATION) ..... DAYS

(Signed) W. H. Cohen M. D.

Address Bay View Hospital

Date Dec 20 1908

Place of Burial London, Park

Date December 21 1908

Undertaker Geo. J. Smith & Co.

Address 1000 W. Fayette

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City

Ward 14 C18040 Registered No. C C18040

CERTIFICATE OF DEATH. 47

(Place of Death.) No. 1506 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Williams

Residence, Give Street and Number, 1506 W Fayette St Baltimore

Duration of Residence in Baltimore, 70

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH January 26 1828

AGE 80 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Stahn

(Address) Govt Employee

Filed 12/21 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7 - 1908 to Dec 20 1908

that I last saw h[illegible] alive on Dec 19 1908

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilatation

years

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis

years

(DURATION) DAYS

(Signed) Ira L Fellows M. D.

Address N. E. Cor. Lafayette & Carrollton Aves

Date DEC 20 1908 190

Place of Burial Loudon Park

Date Dec 22 190

Undertaker W. F. Tunbridge

Address Cumberland Md

Remarks

Ward 1

C18041

Registered No. C C18041

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 N Fremont ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Kuhlmann

Residence, Give Street and Number, 621 N Fremont ave

Duration of Residence in Baltimore, 61 yrs Kuhlmann

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH March 20 1837

AGE 70 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Jno Kuhlmann

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Vollmer

(Address) 621 N Fremont ave

Filed 12/21 1908

HARRY C. ANDREWS, PERMIT CLERK,

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov 30 1908 to Dec 18 1908

that I last saw him alive on Dec 18 1908

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) 18 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) Max Fellsenthal M. D.

Address N. E. Cor. Lafayette & Carrollton Aves

Date DEC 20 1908 190

Place of Burial Loudon Park Cem

Date Dec 21 1908

Undertaker H. Friedrich's Sons

Address Eutaw & Lanvale

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 Registered No. B C18042

C18042

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Bean

{ Residence, if in Baltimore, Give Street and Number. } 520 S. Bond St

Bean

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 43 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/21 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1908 to Dec 18th 1908 that I last saw h[illegible] alive on Dec 18th 1908, and that death occurred, on the date stated above, at 9 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. Heloruzh M.D.

Address Johns Hopkins Hospital.

Date December 19th 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 19 1908

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his last illness, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

42

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 18043

City of Baltimore, (No. 1827, Madison St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Wh

DATE OF BIRTH .....

AGE (Month) ..... (Day) 1 (Year)
60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Headrick

(Address) 1829 Madison St

Filed 12/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 19 1908 to Dec. 20 1908 that I last saw h alive on Dec. 20 1908, and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia (right lung)

Contributory Lobar Pneumonia (DURATION) 2 DAYS

(Signed) J. Hanno Gannon M. D.

Dec. 20 1908 (Address) 101 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park

DATE OF BURIAL Dec 23 1908

UNDERTAKER H. C. Brauning & Son

ADDRESS 55 E. Pop[illegible]

Ward 15 C18044 Registered No. B C18044

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2901 Clifton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Sophia M. Wood

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. About 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 28th 1845

AGE: 63 years, 7 months, 22 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Macoupin Co. Ill.

FULL NAME OF FATHER: Larkin Stark

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Hannah Wright

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. Wood

(Address) 70 R St NW Washington DC

Filed 12/21 1908 HARRY C. ANDREWS, D.C. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 20th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 12th 1908 to Dec. 20th 1908 that I last saw her alive on Dec. 20th 1908, and that death occurred, on the date stated above, at 7-40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Severe Cold

(DURATION) 7 DAYS

(Signed) J. T. Zepp M.D.

Address 3050 West North Ave

Date Dec. 20th 1908

Place of Burial Woodburn, Md.

Date Dec 21st 1908.

Undertaker Hardt Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 18045

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 326 Rogers ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua B. Crise

Residence, Give Street and Number, 326 Rogers ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: October 15 1908

AGE: 35 years, 2 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Was

BIRTHPLACE (State or county): Balto. Co Md

FULL NAME OF FATHER: George Crise

BIRTHPLACE OF FATHER (State or county): Italy

MAIDEN NAME OF MOTHER: Ida Fuller

BIRTHPLACE OF MOTHER (State or county): Balto. Co. Md

OCCUPATION OF DECEASED: Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ruth

(Address) 1221 Ashland Ave

Filed 12/21 1908

BARRY C. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 18 1908

I HEREBY CERTIFY, That I attended deceased from Nov 21 1908 to Dec 18 1908

that I last saw him alive on Dec 18 1908

and that death occurred, on the date stated above, at 9

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

(DURATION) 1 DAYS

Contributory (Primary) Pul. Tuberculosis (DURATION) 1 Years

(Signed) Arthur McGahn M. D.

Address 2021 Eutaw Place

Date Dec 18 1908

Place of Burial Baltimore Cemetery

Date Dec. 21st 1908

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 18046

CERTIFICATE OF DEATH.

87

(Place of Death.) No. 930 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Gosman

Residence, Give Street and Number, 930 N. Central Ave

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: Duties 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Frederick A. Rouse

(Address) 1737 E. North Ave.

Filed 12/21 1908

HARRY C. ANDREWS
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 20. 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 12. 1908 to Dec. 20. 1908

that I last saw him alive on Dec. 20. 1908

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Thrombosis

(DURATION) 9 DAYS

Contributory (Primary) Senile Debility

(DURATION) 30 DAYS

(Signed) F. J. Lebold M. D.

Address 1001 Eutaw St.

Date Dec. 21. 1908

Place of Burial New Cathedral Cemetery

Date Dec. 23 rd. 1908

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. C 18047

CERTIFICATE OF DEATH.

(Place of Death.) No. 3021 Hudson St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name James F. Pfeiffer

{Residence, if in Baltimore, Give Street and Number.} 3021 Hudson St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Carlls Md.

FULL NAME OF FATHER Fredk. Pfeiffer

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Anna Kelchner

BIRTHPLACE OF MOTHER (State or country) Carlls Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk. Pfeiffer

(Address) 3021 Hudson St.

Filed 12/21, 1908. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1908

I HEREBY CERTIFY, That I attended deceased from abt Nov 15 1908 to Dec. 20 1908 that I last saw him alive on Dec. 18 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enhanced Arthritis

asphyxia Bronchitis

(DURATION) 7 DAYS

Con'tributory (Primary.) Immersion (Drowned) of twins.

(DURATION) 30 DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Dec 20 1908

Place of Burial Mt. Carmel Cem.

Date Dec. 21" 1908

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C18048 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 Ryan St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mark Mulroy

{ Residence, if in Baltimore, Give Street and Number. } 922 Ryan St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 58 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J Mulroy

(Address) 922 Ryan St

Filed 10/21 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Dec 21 1908 that I last saw h[illegible] alive on Dec 20 1908, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 20 DAYS

Contributory (Primary) Uremia (DURATION) 1 DAYS

(Signed) Edw[illegible] M.D.

Address 517 Aisquith

Date Dec 22 1908

Place of Burial ~~Cathedral~~ St Peters

Date Dec. 23 1908

Undertaker John J Conway

Address 901 Hollins St

Order Off 24

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18049

Ward 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 2105 - 11th St Walbrook St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Robert Leaman Bond

Residence, Give Street and Number, 2105 - 11th St

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH August 29th 1870

AGE 38 years, 3 months, 20 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER James H. Bond

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Sarah J. Gorsuch

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludie Howard Bond

(Address) 2105 - 11th St.

Filed 12/21 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 19 1908

I HEREBY CERTIFY, That I attended deceased from Oct 17 1908 to Dec 19 1908

that I last saw him alive on Dec 19 1908

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Growth in Brain

Pressure on Vital Centers

Exp on Heart's center

10 Weeks (DURATION) DAYS

Contributory (Primary) Growth in Brain (DURATION) DAYS

(Signed) John A Cary M. D.

Address 1918 N. Carey St

Date Dec 20 1908

Place of Burial Green Mt. Cemetery

Date December 22nd 1908

Undertaker Stewart & Mowen Co

Address 218 Park Ave

Remarks

Ward 14 C18050 Registered No. B C18050

CERTIFICATE OF DEATH.

(Place of Death.) No. 1909 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Savage

{ Residence, if in Baltimore, Give Street and Number. } 1909 Eutaw Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 14 1834

AGE: 74 years, 10 months, 31 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Geo Savage

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Eliz Independ

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas E Savage

(Address) 1909 Eutaw Pl

Filed 12/21 1908 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Baltimore Dec 19 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Dec 19 1908

that I last saw h alive on Dec 19 1908,

and that death occurred, on the date stated above, at 11 45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

Asthenia

(DURATION) 126 DAYS

Contributory (Primary.) Cirrhosis of Liver (DURATION) DAYS

(Signed) F. A. Achelis M.D.

Address 1125 Madison Ave

Date Dec 20 1908

Place of Burial Green Mount Cemetery

Date Dec 22nd 1908

Undertaker Edward F Mason Co

Address 215-217 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C18051

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 2424 Madison Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank E. Welsh

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: Feby. 25 (Month) 25 (Day) 1835 (Year)
AGE: 73 years, 9 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Phila.
FULL NAME OF FATHER: Thomas A. Welsh
BIRTHPLACE OF FATHER (State or country): Balto.
MAIDEN NAME OF MOTHER: Maria Pogue
BIRTHPLACE OF MOTHER (State or country): Balto
OCCUPATION OF DECEASED: Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank E. Welsh Jr
(Address) 223 St Paul St

Filed 12/21 1908

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: XII (Month) 19 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 14th 1908 to Dec 19th 1908 that I last saw him alive on Dec 18th 1908, and that death occurred, on the date stated above, at 5.30 a.m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 5 DAYS

Contributory Paralysis

(DURATION) 5 DAYS

(Signed) Wm Gwinlock M. D.

Dec. 20th 1908 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park
DATE OF BURIAL: Dec. 21 1908
UNDERTAKER: E. W. Mitchell
ADDRESS: 1201 W. Fayette

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 18052

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emilie Hovey

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR B

DATE OF BIRTH —

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 12/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 19 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27 1908 to Dec 19 1908

that I last saw h alive on Dec 19 1908

and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion due to

Bronchial Consumption

(DURATION) DAYS

Contributory (Primary) Heart disease

(DURATION) DAYS

(Signed) W W Baker M. D.

Address Bayview Hosp.

Date Dec 20 1908

Place of Burial Sacred Heart

Date 12/21 1908

Undertaker Chas F. Eudes

Address 118 W Mt Royal Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 18053

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Farran

Residence, Give Street and Number —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M.
COLOR	W
DATE OF BIRTH	—
AGE	46 years, — months, — days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	S.
BIRTHPLACE (State or county)	Ireland.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 12/21 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 20 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Dec 20 1908 that I last saw h im alive on Dec 20 1908 and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cystitis

due to

(DURATION) DAYS

Contributory (Primary) Organic Heart

Leasion (DURATION) DAYS

(Signed) W. F. Baker M. D.

Address Catonsville Md.

Date Dec 21 1908

Place of Burial Sacred Heart

Date 12/21 1908

Undertaker Chas F. Evans

Address 118 W. Mt Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 C18054 Registered No. B C18054

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1519 W. Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lillian Buckingham

{ Residence, if in Baltimore, Give Street and Number. } 1519 W. Pratt St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Roy P. Buckingham

BIRTHPLACE OF FATHER (State or country): Harford Co Md.

MAIDEN NAME OF MOTHER: Mary A. Partington

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roy P. Buckingham

(Address) 1519 W. Pratt St.

Filed 12/21 1908 BARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 17. 1908 to Dec 19 1908

that I last saw h— alive on Dec 19 1908,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 3 DAYS

Contributory (Primary) Chronic weakness, superinduced by fracture of left tibia.

(DURATION) 60 DAYS

(Signed) J. Hellmuth M.D.

Address 22. N Carey St.

Date Dec 21st 1908

Place of Burial London Park

Date Dec. 21 st 1908

Undertaker Wm J Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 15 C18055 Registered No. B C18055

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 St. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Gartside.

{Residence, if in Baltimore, Give Street and Number.} 1423 N. Fulton Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 17 1844

AGE 64 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Woodbury Md.

FULL NAME OF FATHER Henry Gartside

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Priscilla Hayes

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W.E. Gartside

(Address) 1423 Fulton Ave

Filed 12/21 1908 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Dec 19 1908 that I last saw h.im alive on Dec. 18 1908, and that death occurred, on the date stated above, at 8-45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis -

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis Chronic

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date Baltimore Dec. 19 1908

Place of Burial London Park

Date December 21 1908

Undertaker Josh Cook

Address 1003 N Bal St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18056

City of Baltimore, (No. 319, S. Smallwood St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Heiner

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Aug (Month) 29 (Day) 1849 (Year)

AGE 59 years, 3 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER George Heiner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Night Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Christina Heiner

(Address) 319 S Smallwood St

Filed 12/21 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 20 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25th 1908 to Dec 20 1908 that I last saw him alive on Dec 19th 1908, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

(DURATION) 120 DAYS

Contributory Dropsy

(DURATION) 120 DAYS

(Signed) Addison C. Fox M. D.

Dec 20 1908 (Address) 313 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western Cem

DATE OF BURIAL Dec 22 1908

UNDERTAKER J. B. Cook

ADDRESS 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C18057 Registered No. B C18057

CERTIFICATE OF DEATH.

(Place of Death.) No. 2416 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name, Ethel De Shon

{Residence, if in Baltimore, Give Street and Number.} 2416 Orleans St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 3 1892

AGE 16 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER J Wesley DeShon

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Marian Coles

BIRTHPLACE OF MOTHER (State or country) Port Deposit Md

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Wesley DeShon

(Address 2416 Orleans St

Filed 12/21 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 3 1908 to Dec 20 1908

that I last saw h alive on Dec 19 1908

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Abdominal Tuberculosis

(DURATION) 15 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 5 DAYS

(Signed) W. P. Gibney M.D.

Address 1131 E Eutaw St

Date Dec 20 1908

Place of Burial Greenmount Cem

Date December 23 1908

Undertaker Jos B Cole

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C18058 Registered No. B C18058 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037 Hollins St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary A. Myers

{ Residence, if in Baltimore, Give Street and Number. } 1037 Hollins St.

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH E. 1843

AGE 65 years, - months, - days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Cassidy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles J Dailey

(Address) 1121 N Balto St

Filed 12/21 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Dec 20 1908 that I last saw h.. alive on Dec 19 1908, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 8 DAYS

Contributory (Primary.) Apnoea

(DURATION) DAYS

(Signed) H Norwood M.D.

Address 939 W Fayette

Date Dec 20 1908

Place of Burial New Cathedral

Date Dec 21 1908

Undertaker Jo D Cook

Address 1003 W Balto st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18059 Registered No. B C18059

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 E. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm J. Loudenslager

{Residence, if in Baltimore, Give Street and Number.} 622 E. Lee St

Duration of Residence in Baltimore... 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 21 1828

AGE: 80 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Philip Loudenslager

BIRTHPLACE OF FATHER (State or country): Md Do not know

MAIDEN NAME OF MOTHER: Do not know

BIRTHPLACE OF MOTHER (State or country): Do not know

OCCUPATION OF DECEASED: Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T E. Loudenslager

(Address 650 W Lee St

Filed 12/21 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 19 1908

I HEREBY CERTIFY, That I attended deceased from Nov 17 1908 to Dec 19 1908 that I last saw h alive on Dec 18 1908, and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

Failure

(DURATION) 4 DAYS

Contributory (Primary) Hospital Gangrene

(DURATION) 42 DAYS

(Signed) Harry Byrd M.D.

Address 602 Columbia

Date Dec 20 1908

Place of Burial Mt Olivet

Date Dec. 22 1908

Undertaker Jno W. Bell

Address 604 S. Charles

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18060

CERTIFICATE OF DEATH.

(Place of Death.) No. 1832 E Chase St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jacob A H Shinnick

Residence, Give Street and Number, 1832 E Chase

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR W

DATE OF BIRTH Mar 23 1837

AGE 31 years, — months, — days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Jacob Shinnick

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Martha J Eskridge

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Shinnick

(Address) 1832 E Chase

Filed 12/21 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 19 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 19 1908

that I last saw him alive on Dec 19 1908

and that death occurred, on the date stated above, at 6 30 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Tuberculosis Lungs Hemorrhage continued 4 months (DURATION) 15 DAYS

Contributory (Primary) Hemorrhage 4 months (DURATION) 15 DAYS

(Signed) Dr J W Emmart M. D.

Address 28 E Eager st

Date Dec 21 1908

Place of Burial Mount Olivet

Date Dec 22 1908

Undertaker Robt J Turner

Address 1424 Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C18061 Registered No. B C18061

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 502 N. Norris St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotta Anacker

{Residence, if in Baltimore, Give Street and Number.} 502 N. Norris St

Duration of Residence in Baltimore. 32 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 7th 1861

AGE 47 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER August Weitenbach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna Mund

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Anacker

(Address) 502 N. Norris St

Filed 12/21 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th. 1908

I HEREBY CERTIFY, That I attended deceased from May 13th. 1908 to Dec 18th. 1908

that I last saw her alive on Dec 18th. 1908

and that death occurred, on the date stated above, at 11.45 P.M.

CAUSE OF DEATH (Secondary or Immediate)
Pulmonary Tuberculosis

(DURATION) 7 mths

Contributory (Primary) Asthenia
+ Pulmonary Oedema (DURATION) 7 DAYS

(Signed) Henry C. Ohse M.D.

Address 1203 W. Fayette St

Date Dec 19th 1908

Place of Burial Loudon Park Cem

Date December 22 1908

Undertaker Jos. Soerdsen & Son

Address 207 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. C C18062

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 N. Duncan alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Stefania Krulicka

Residence, Give Street and Number, 1812 N. Duncan alley

Duration of Residence in Baltimore, 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH — — 1

AGE 25 years, 6 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Frank Jurkoye

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER St. Jurkisz

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Krulicki

(Address) Dec. 1812 Duncan Alley

Filed 12/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 20, 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Dec 20, 1908 that I last saw her alive on Dec 17 1908 and that death occurred, on the date stated above, at 8 4 M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis Pulmonalis

(DURATION) 4 Mos.

Contributory (Primary) Exhaustion

(DURATION) 7 DAYS

(Signed) T. E. Lilly M. D.

Address 2017 E Lombard St

Date Dec. 21 1908

Place of Burial Holy Rosary

Date Dec 22 1908

Undertaker William Fialkowski

Address 424 S Bond St

Remarks

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C18063

Registered No. B.....

City of Baltimore, (No. 800 Leadenhall St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Muench

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 29th 1826 (Month) (Day) (Year)

AGE 82 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.,

(Informant) Louis Nessner

(Address) 800 Leadenhall St

Filed 12/21 1908

HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 19th 1908 to Dec. 20th 1908 that I last saw him alive on Dec. 20th 1908, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

.....(DURATION).....DAYS

Contributory Paralysis

.....(DURATION).....DAYS

(Signed) Wm Gombel M. D.

Dec 21st 1908 (Address) 704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL Druid Hill Park. | DATE OF BURIAL Dec. 22 1908

UNDERTAKER Furst Bros John W. Siegel | ADDRESS 801 W. Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. C C18064

CERTIFICATE OF DEATH.

(Place of Death.) No. 1627 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry C. Borgmann

Residence, Give Street and Number, 1627 N. Montford Ave.

Duration of Residence in Baltimore, 52 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or county): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Bauer

(Address) 2241 S. Collington Ave.

Filed 12/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 20 1908

that I last saw h— alive on Dec 20th 1908

and that death occurred, on the date stated above, at 1.35 M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

(DURATION) ..... DAYS

Contributory (Primary) Old age

(DURATION) ..... DAYS

(Signed) Wachter N. White M. D.

Address 1101 N. Broadway

Date Dec 21 1908

Place of Burial Linden Park Cemetery

Date Dec. 22 nd 1908

Undertaker Henry Nordt & Son

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 18065

18

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Noll

Residence, Give Street and Number, —

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M
COLOR	W.
DATE OF BIRTH	— 1
AGE	72 years, — months, — days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	W.
BIRTHPLACE (State or county)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Showmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Noll (Son)

(Address) 2413 E Federal St

Filed 12/21 190 8 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 19 190 8

I HEREBY CERTIFY, That I attended deceased from Sept 19 1904 to Dec 19 190 8

that I last saw h im alive on Dec 19 190 8

and that death occurred, on the date stated above, at 1 30 M. CAUSE OF DEATH (Secondary or Immediate,)

Sepsis —

(DURATION) DAYS

Contributory (Primary) Fecal Erysipelas

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hosp.

Date Dec 19 190 8

Place of Burial Holy Redeemer Cemetery

Date Dec. 22 190 8

Undertaker Henry Hoeck Sons

Address 201 E. Eager St.

Remarks .....

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C18066

City of Baltimore, (No. 2818 Penna. Ave, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John F. Curley

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH ~~Dec. 14th 1908~~ 1 (Month) (Day) Year)

AGE 47 years, 11 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John Curley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Garry

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. K. Merrick M.D.

(Address) 824 Park ave.

Filed 12/21 1908 HARRY O. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1905 to Dec 16th 1908 that I last saw h im alive on Dec. 16th 1908, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Chronic ulcerative Tuberculosis of lungs, resulting in severe & fatal hemorrhage.

3 yrs less 1 day s (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) A. K. Merrick M. D.

Dec 20th 1908 (Address) 824 Park ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 22nd 1908
UNDERTAKER	ADDRESS
A. F. Phillips	1211 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C18067 Registered No. B C18067

CERTIFICATE OF DEATH.

11th

(Place of Death.) No. 1313 Harford av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick R. Vimps

{Residence, if in Baltimore, Give Street and Number.} 1313 Harford av.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH —— 1 ——

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Fredk Vimps

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Opfel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Vimps

(Address) 1313 Harford Ave

Filed 12/21 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21-1908

I HEREBY CERTIFY, That I attended deceased from Oct 6 - 1908 to Dec. 21 - 1908

that I last saw him alive on Dec. 19 - 1908,

and that death occurred, on the date stated above, at 12 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

2 years (DURATION) DAYS

Contributory (Primary.) ——

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Carolina st

Date December 21 - 1908

Place of Burial St Mathews

Date Dec 23 1908

Undertaker Mehrige Foley Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. C18068

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1706 Friendsbury Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis P Roderick

{Residence, if in Baltimore, Give Street and Number.} Residing at Elkton Md.

Duration of Residence in Baltimore. 7 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 22 1844

AGE 64 years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Frederick Elkton Md.

FULL NAME OF FATHER Theo. C. Roderick

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Annie M. Barclay

BIRTHPLACE OF MOTHER (State or country) Leeds Cecil Co. Md.

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Egan

(Address) 1706 Friendsbury Pl

Filed ..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8 1908 to Dec 21. 1908

that I last saw him alive on Dec 21 1908

and that death occurred, on the date stated above, at 9.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion and Inanition

(DURATION) DAYS

Contributory (Primary) Carcinoma of Stomach

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date December 21- 1908

Place of Burial Elkton Md

Date Dec 22 1908

Undertaker Martin Finney & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — Registered No. B C18069 — 112

CERTIFICATE OF DEATH.

(Place of Death.) No. 2015 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm M Mackdermott

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Sep 17 1865
AGE	43 years, 3 months, 3 days
~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Physical Instructor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Mackdermott

(Address) 2314 N Charles St.

Filed 12/22 1908 HARRY O. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 20 1908 that I last saw him alive on Dec 20 1908, and that death occurred, on the date stated above, at 8.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 4 DAYS

Contributory (Primary.) Cirrhosis of liver

(DURATION) DAYS

(Signed) Gs. B. Scholl M.D.

Address 1005 W. Lanvale St.

Date Dec 20 1908

Place of Burial Green Mount

Date Dec 21 1908

Undertaker J B Cook

Address 1003 N Bath st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C18070

Registered No. B C18070

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1531 W. Lemvale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Leonard A. Will —

{ Residence, if in Baltimore, Give Street and Number. } 1531 W Lemvale St.

Duration of Residence in Baltimore. 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: August 24th 1869

AGE: 39 years, 3 months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: M.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Will

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Platz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Will

(Address) 1446 William St

Filed 12/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 20th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 17th 1908 to Dec 20th 1908 that I last saw h[illegible] alive on Dec 20th 1908, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Depression and Subsequent Cardiac Failure

(DURATION) 3 hrs

Contributory (Primary.) Ptomain Poisoning (Meat)

(DURATION) 2 1/2 DAYS

(Signed) Jno. Aimel Hayes M.D.

Address 901 N. Fricker St.

Date Dec. 21st 1908

Place of Burial Baltimore Cemetery

Date Dec 22 1908

Undertaker Edward L. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B C18071

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Hos. J. Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Morris Miles

{ Residence, if in Baltimore, Give Street and Number. } 227 S. Dallas St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 52 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Hannah Miles

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie More

(Address) 227 S Dallas st

Filed 12/22 1905 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1908 to Dec 19th 1908 that I last saw h. alive on Dec 19th 1908, and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date December 19 1908

Place of Burial Asbury Cemetery

Date Dec 22 1908

Undertaker John W Henderson

Address 21 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3rd C18072 Registered No. C18072

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 S. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Virginia Fowler

{Residence, if in Baltimore, Give Street and Number.} 26 S. Spring St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Neal

(Address) 9 N Dallas St

Filed 12/22 1908

BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 16th 1908 to Dec. 20th 1908 that I last saw h[er] alive on Dec. 20th 1908, and that death occurred, on the date stated above, at 10.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation

— (DURATION) DAYS

Con'tributory (Primary) Acute Bronchitis

7 (DURATION) DAYS

(Signed) A. F. Rice M.D.

Address 213 S Bond St

Date Dec. 21st 1908

Place of Burial Mt Zion

Date Dec 23 1908

Undertaker John W Henderson

Address 31 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Mount Royal.

Registered No. C 18073

131

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 W. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabelle Bates

Residence, Give Street and Number, 622 Jasper St.

Duration of Residence in Baltimore, 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balt. Md.

FULL NAME OF FATHER: Lawrence H. Bates

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Sarah Collins

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Bates

(Address) 622 Jasper St

Filed 12/22 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 21, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1908 to Dec. 21 1908

that I last saw h ed alive on Dec. 21 1908

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Puerperal Septicemia

(DURATION) 8 DAYS

Contributory (Primary) Gonococcus

(DURATION) ..... DAYS

(Signed) Henry H. Weinberger M. D.

Address Md Homeopathic Hos. Resident Physician

Date Dec. 22, 1908

Place of Burial Mt Auburn Cem

Date Dec 24 1908

Undertaker Alex Hemsley

Address 578 W. Baltimore St

Remarks .....

THIS FORM WILL FILL OUT THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 18074

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 607 Jasper St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Brown

Residence, Give Street and Number, 607 Jasper St

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored

DATE OF BIRTH (Month) Unknown (Day) 1

AGE about 65 Yrs. years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Sleeper Door Tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adia Brown

(Address) Washington, D.C. 12 N Jacks av

Filed 12/22 1908

HARRY C. ANDREWS. PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 20th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

about Life time (DURATION) ..... DAYS

Contributory (Primary) Heart Disease

(DURATION) ..... DAYS

(Signed) Silas Baldwin M. D. (Coroner)

Address 700 Lafayette ave

Date Dec 20th 1908

Place of Burial Laurel Cemetery

Date December 22 1908

Undertaker Robt B Pyle

Address 1026 Mulberry st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

18

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH.

Registered No. BC18075

City of Baltimore, (No. 904 Pierce St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathan Williamson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: April (Month) 10 (Day) 1908 (Year)

AGE: ..... years, 8 months, 11 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Horace Williamson

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Goldy Hall

BIRTHPLACE OF MOTHER (State or country): N. J.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Goldy Williamson

(Address) 904 Pierce St,

Filed 12/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 21 1908

that I last saw him alive on Dec 17 1908,

and that death occurred, on the date stated above, at 6 a. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory Exhaustion of Typhoid

(DURATION) — DAYS

(Signed) B. Bonner, M. D.

Dec 21 1908 (Address) 1139 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 23 1908
UNDERTAKER	**ADDRESS**
Deitz Bro	1102 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

C18076 C18076

18

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 44 Parkin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dila Balber

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 12 (Month) 20 (Day) 1908 (Year)

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Nathan Balber

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachell Green

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathan Balber

(Address) 44 Parkin st

Filed 12/20 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 21 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 21 1908 that I last saw h alive on Dec 21 1908, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) C. W. McClintock M.D.

Dec 22 1908 (Address) 804 N. Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Lebanon	Dec 22, 1908
UNDERTAKER	ADDRESS
Moy Levinson	1610 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 Registered No. B C18077

C18077

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 E Co Fire & Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs L Sharrer

{Residence, if in Baltimore, Give Street and Number.} 3512 Chestnut Ave.

Duration of Residence in Baltimore. 85 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH April 11 1845

AGE 53 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jacob Shaver

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Ackerman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Sharrer

(Address) 3512 Chestnut Ave

Filed 12/22 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 21 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Senility (DURATION) Long DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Corner

Date Dec 22 1908

Place of Burial Hampstead M E Cemetery Hampstead, Carroll Co. Md

Date Dec. 24, 1908

Undertaker Horace Burgee

Address 363 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V

C18078

Registered No. B C18078

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 2448 E. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria E. Kershaw

{Residence, if in Baltimore, Give Street and Number.} 2448 E. Chester St.

Duration of Residence in Baltimore. 35 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 20th 1828

AGE 80 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George Gray

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Barbara Dorsey

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. G. Kershaw

(Address) 2448 E. Chester St.

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1908 to Dec 21, 1908

that I last saw h alive on Dec 19 1908,

and that death occurred, on the date stated above, at 7 00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible] Broadway

Date Dec 21, 1908.

Place of Burial Williams Wharf Baltimore Md.

Date Dec. 22nd 1908

Undertaker H. Sander Sons

Address 1710 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

245

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C C18079

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Grant

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR B

DATE OF BIRTH — 1

AGE 77 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 12/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1908 to Dec 20 1908

that I last saw h e alive on Dec 20 1908

and ~~that~~ death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonic Tuberculosis

(DURATION) DAYS

Contributory (Primary) Bronchitis

Pneumonia (DURATION) DAYS

(Signed) A. F. Hollyday M. D.

Address Bay View Asy. Md.

Date Dec 22 1908

Place of Burial COLLEGE OF P. & S. DEC 21 1908

Date 190

Undertaker G. L. Hurley

Address 931 N. Mon[illegible]

Remarks

FOR ANATOMICAL PURPOSES

Ward ..... C18080 Registered No. B .....

CERTIFICATE OF DEATH. C18080

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Clara Gaines

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 12/22 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Dec 19 1908 that I last saw her alive on Dec 19 1908, and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 10 DAYS

Contributory (Primary.) Nephritis (DURATION) ..... DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Asylum

Date December 19 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 21 1908 190

Undertaker G. L. Hurley

Address 931 N. Mount St

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C18081 Registered No. B C18081 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvina Beveker

{Residence, if in Baltimore, Give Street and Number.} 1423 W Saratoga st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 27 1827

AGE 81 years, 7 months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John H Beazley

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Laura Montague

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J C Beazley

(Address) 2103 N Charles st

Filed 12/22 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1907

I HEREBY CERTIFY, That I attended deceased from Dec 18 1908 to Dec 21 1908 that I last saw h alive on Dec 21 1908, and that death occurred, on the date stated above, at 8:45 P.M. CAUSE OF DEATH (Secondary or Immediate) Uraemic Failure

(DURATION) 2 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 3 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia Ave

Date Dec 22 1908

Place of Burial Urbana Middlesex Co Va

Date Dec 22nd 1908

Undertaker George Schilling & Sons

Address 1126 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18082

36.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2219 Hargrove al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conway Carter

Residence, Give Street and Number, 2219 Hargrove al

Duration of Residence in Baltimore, 6 mo

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH —— 1

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) na

FULL NAME OF FATHER Clop Carter

BIRTHPLACE OF FATHER (State or county) na

MAIDEN NAME OF MOTHER Angeline Carter

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Angeline Carter

(Address) 2219 Hargrove al

Filed 12/22 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 19th 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Dec 19 1908 that I last saw him alive on Dec 16 1908 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Asthma

(DURATION 60 DAYS)

Contributory (Primary) Syphilitic Hemiplegia

Due to (Secondary) Gummata (DURATION) 6 mos.

(Signed) Houghton Dudley M. D.

Address Oxford Md. R 22

Date Dec. 19 1908

Place of Burial Laurel

Date Dec 22. 1908

Undertaker R. N. Elliott

Address 506 Rogers Ave.

Remarks

Ward 10 C18083 Registered No. B C18083

CERTIFICATE OF DEATH. 91

(Place of Death.) No. 816 N Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Edith Horton

{ Residence, if in Baltimore, Give Street and Number. } 816 N Woodyear St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: John Harton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sadie Shields

BIRTHPLACE OF MOTHER (State or country): Eastn Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Delshields

(Address) 816 N Woodyear st

Filed 12/22 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8 1908 to Dec. 20. 1908

that I last saw h alive on Dec 19 1908

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis (DURATION) 3 Mos

Contributory (Primary.) Pneumonia (DURATION) 14 DAYS

(Signed) Wm. F. Wright M.D.

Address 1373 N. Carey St

Date Dec. 20. 1908. 190

Place of Burial Mt Auburn Cem

Date Dec 22 1908

Undertaker West & Hopkins

Address 609 Lilly Pl East St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THE CAUSE AND DATE OF DEATH.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18064
169

CERTIFICATE OF DEATH.

(Place of Death.) No. 2221 Christian St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert E. Lee.

Residence, Give Street and Number 2221 Christian.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Mar. 16 1908

AGE: years, 9 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto Md.

FULL NAME OF FATHER: Wm G. Lee.

BIRTHPLACE OF FATHER (State or county): Balto. Md.

MAIDEN NAME OF MOTHER: Cecelia C Wolf.

BIRTHPLACE OF MOTHER (State or county): Balto Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G Lee

(Address) 2221 Christian St

Filed 12/22 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 19. 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Scalded Accidental

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Herbert C Blake M. D.

Address 1014 N La Fayette

Date Dec 22 Coroner 1908

Place of Burial London Park

Date Dec 22 1908

Undertaker Mrs Geo P Paulus

Address 2101 Pleak Ave

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. C C18085

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 2313 N Charles St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. McLanahan

Residence, Give Street and Number, 2313 N Charles St

Duration of Residence in Baltimore, Life 40 yr

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Female
COLOR	White
DATE OF BIRTH	June 19th 1846
AGE	62 years, 6 months, 2 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Balto. Co
FULL NAME OF FATHER	Wm. A. McLanahan
BIRTHPLACE OF FATHER (State or county)	Penna
MAIDEN NAME OF MOTHER	Sarah E Murray
BIRTHPLACE OF MOTHER (State or county)	Louisianna
OCCUPATION OF DECEASED	Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. E Medcalf

(Address) 2313 N Charles St

Filed 12/22 1908

HARRY O. ANDREWS,
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 21st, 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 24th, 1908 to Dec. 21st 1908.

that I last saw her alive on Dec 21st 1908

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Stricture of Oesophagus

Several weeks (DURATION) DAYS

Contributory (Primary) Carcinoma of Stomach 4 months (DURATION) DAYS

(Signed) Walton Bulgin M. D.

Address 2020 N. Charles St.

Date Dec. 21st, 1908

Place of Burial Greenmount

Date Dec 23 1908

Undertaker G. G. Walker

Address 723 W. Lafayette Ave

Remarks

Dr Bulgin

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C18086 Registered No. B C18086

CERTIFICATE OF DEATH. 77

(Place of Death.) No. 761 W. Hamburg st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hays

{ Residence, if in Baltimore, Give Street and Number. } 761 W. Hamburg St

Duration of Residence in Baltimore. 50

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 1858

AGE 50 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Hays

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev James P Holden

(Address) 761 W. Hamburg St.

Filed 12/12 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/21 1908

I HEREBY CERTIFY, That I attended deceased from 12/7 1908 to 12/21 1908 that I last saw her alive on 12/20 1908, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Collapse

(DURATION) — DAYS

Contributory (Primary.) Acute Pericarditis

(DURATION) 14 DAYS

(Signed) E. B. Freeman M.D.

Address 643 Columbia ave.

Date 12/21 1908.

Place of Burial New Cathedral Cemetery

Date Jan. 23rd 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C18087 Registered No. B C18087

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1923 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marian W. Gumpmann

{Residence, if in Baltimore, Give Street and Number.} 1923 Wilhelm

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 19 1908

AGE ..... years, 4 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John P. Gumpmann

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mazie Eschbach

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Gumpmann

(Address) 1923 Wilhelm St.

Filed 12/22 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 21 1908 that I last saw her alive on Dec 21 1908, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Gastritis

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 543 Fulton Ave

Date Dec 21 1908

Place of Burial Loudon Park.

Date Dec. 23rd 1908

Undertaker C. W. Dill

Address 810 Fredk. aave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C18088

Registered No. B C18088

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James F. King

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Md

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Willie King

Address

Filed 12/22 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1908

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908 to Dec 21 1908

that I last saw him alive on Dec 21 1908

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Agonia Heart and Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gelston M.D.

Address 211 W. Lanvale St

Date Balto Dec 22 1908

Place of Burial Mt Auburn

Date Dec 22 1908

Undertaker R. St. Clair Quaid

Address 506 Pennsylvania Ave

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 18089
64

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 N. Caroline St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miranda Donovan

Residence, Give Street and Number, 415 N. Caroline St.

Duration of Residence in Baltimore, 4 days

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Jacob Sherman

BIRTHPLACE OF FATHER (State or county): N. J.

MAIDEN NAME OF MOTHER: Mary Ashmead

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marion Sherman

(Address) 415 N. Caroline St

Filed 12/22 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec - 21 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7 — 1908 to Dec 21 1908

that I last saw h— alive on " " 1908

and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Carcinoma Stomach

10 y — (DURATION) DAYS

Contributory (Primary) Coma —

1 dy — (DURATION) DAYS

(Signed) [illegible] M. D.

Address 125 W Pleasant

Date Dec 22 — 1908

Place of Burial Glen Ann Balto Co

Date Dec. 23/08 1908

Undertaker Wm Cook

Address 502 E. Hartford

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 20

Registered No. B C18090

CERTIFICATE OF DEATH.

(Place of Death.) No. 2239 Mary Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvina C Baer

{ Residence, if in Baltimore, Give Street and Number. } 2239 Mary Ann

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 15 1907

AGE: ....years, 17 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Chas F Baer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine Schmidt

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Baer Jr Father

(Address) 2239 Mary Ann

Filed Dec 22 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Dec 22 1908 that I last saw h[illegible] alive on Dec 22 1908, and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Diphtheria

(DURATION) DAYS

(Signed) Walter A Coffin M.D.

Address 541 Fulton Ave

Date Dec 22 1908

Place of Burial Loudon Park Cemetery

Date December 23rd 1908

Undertaker F. B. Nugent

Address 1 Frederick Ave Edit

Dec 23 at 7 Oclock

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THIS [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. C C18091

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 954 W Franklin St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Walters

Residence, Give Street and Number, 954 W Franklin St

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: July 16 1889

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore City

FULL NAME OF FATHER: David Walters

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Bertha. Brenner.

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Walters

(Address) 1935 N. North Ave.

Filed 12/23 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 21st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1908 to Dec 21st 1908

that I last saw h[illegible] alive on Dec 21st 1908

and that death occurred, on the date stated above, at 6.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Acute Nephritis. Urinary Suppression. Uremia. Coma & Asthenia (DURATION) 5 DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) John J. McCarthy M. D.

Address 656 W Franklin St

Date Dec 22nd 1908

Place of Burial Oheb Sholem Cem

Date DEC 23 1908 1908

Undertaker Metzger & Co

Address 807 Madison Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward IX

C18092

Registered No. B C18092

176

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vincent Serio

{Residence, if in Baltimore, Give Street and Number.} #320 Pearl St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 22 1

AGE 28 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Rosario Serio

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Concetta

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Serio

(Address) 526 W Lexington

Filed 12/23 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 08 to Dec 22 1908

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

due to crushed skull,

Murder

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D Mann M.D.

Address Canton

Date 12/22 1908.

Place of Burial New Cathedral Cem

Date DEC 23 1908 190

Undertaker J Burns & Co

Address 1607 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C18093 Registered No. B C18093

41

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Aro

{ Residence, if in Baltimore, Give Street and Number. } 2010 ~~South~~ Olive Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Aro

(Address) 2010 Elrieth

Filed 12/23 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 20 1908

that I last saw h~~im~~ alive on Dec 20 1908,

and that death occurred, on the date stated above, at 11:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma of intestines

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Dec 21" 1908

Place of Burial Cedar Hill

Date Dec 23 1908

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX C18094 Registered No. B C18094

CERTIFICATE OF DEATH.

(Place of Death.) No. 305 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Hart

{Residence, if in Baltimore, Give Street and Number.} 305 Pearl St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/23 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 21 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 2 Y DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. P. Martin M.D.

Address Crum

Date Dec 22 1908

Place of Burial

Date 1908, 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

UNIVERSITY OF MARYLAND
DEC 8 1909
Commissioner Health,
Per Wm. E. WOODALL
FOR ANATOMICAL PURPOSES

READ THE LAW PRINTED ON THE MARGIN. C18095

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. C C18095

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 S Chester St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Lauenstein

Residence, Give Street and Number, 221 S Chester St

Duration of Residence in Baltimore, About 25 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Nov 12th 1861

AGE 47 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Fred F Lauenstein

(Address) 221 S Chester St

Filed 12/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 21st 1908

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1908 to Dec 21st 1908.

that I last saw her alive on Dec 21st 1908

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate,)

(1) Exhaustion

(DURATION) DAYS

Contributory (Primary) Gastric Carcinoma

(DURATION) DAYS

(Signed) Herman F. Herwig M. D.

Address 1937 Caulton Ave.

Date Dec 22nd 1908

Place of Burial Lorraine Cem

Date Dec 24th 1908

Undertaker P Nicolaus & Son

Address 1820 Caulton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. C 18096

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Barnett

Residence, Give Street and Number, 121 Tyson alley

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR B

DATE OF BIRTH —

1

AGE 72 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bay View Asylum

(Address)

Filed 12/23 1908

HARRY C. ANDREWS, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 21 1908

that I last saw h alive on Dec 21 1908

and that death occurred, on the date stated above, at 8 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cornea of Eye Lost

(DURATION) DAYS

Contributory (Primary) Paralysis

(DURATION) DAYS

(Signed) W. P. Eaton M. D.

Address Bay View Hosp.

Date Dec 22 1908

Place of Burial Asbury Cemetery

Date Dec - 24 - 1908

Undertaker Wm J Johnson

Address 614 Baker St

Remarks —

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C18097 Registered No. B C18097

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 E Eager St. 93

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Eckels

{Residence, if in Baltimore, Give Street and Number.} 802 E Eager

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Dec. 20th 1842

AGE 65 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Paul Eckels

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Ice Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Eckels

(Address) 802 E Eager St.

Filed 12/23 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1908 to Dec 20 1908 that I last saw h.. alive on Dec 20 1908, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Lobar Pneumonia.

(DURATION) 16 DAYS

(Signed) H. L. Tidd. M.D.

Address 1202 E Monument St

Date 12/20 1908

Place of Burial Trinity Cemetery

Date Dec 23rd 1908

Undertaker A. Sanderodons

Address 1711 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C18098 — Registered No. B C18098

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 Mount Ford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H. Thomas

{Residence, if in Baltimore, Give Street and Number.} 214 Mount Ford Ave

Duration of Residence in Baltimore. Live

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): St Michels Md

FULL NAME OF FATHER: Wm Henry Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lucretia Brown

BIRTHPLACE OF MOTHER (State or country): St Michels Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Edward Thomas

(Address) 214 Mountford Ave

Filed 12/23 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 — 1908 to Dec 21 — 1908

that I last saw him alive on Dec 21 — 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion

& Arterio-sclerosis

1

The latter (DURATION) The former 4 days Several yrs.

Contributory (Primary.) La Grippe

(DURATION) 20 DAYS

(Signed) W F Ford M.D.

Address 1344 Druid Hill Ave

Date Dec 22 — 1908

Place of Burial National Cemetery

Date December 23rd 1908

Undertaker R A Elliott

Address 556 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C18099 Registered No. B C18099

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Blueberry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Calvine Thomas

{Residence, if in Baltimore, Give Street and Number.} 704 Blueberry St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Luther Watson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susie Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Johnson

(Address) 704 Blueberry st

Filed 12/23 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 1908 to Dec 21 1908

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) Days DAYS

Contributory (Primary) Chr. Bright.

(DURATION) DAYS

(Signed) R Martin M.D.

Address Coroner

Date 12/22 1908

Place of Burial Laurel

Date Dec 24 1908

Undertaker W. R. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C18100 Registered No. B C18100

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1355 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sallie Wilson

{Residence, if in Baltimore, Give Street and Number.} 1355 N. Carey St.

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Aug. 21st 1885

AGE 23 years, 4 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James A. Wilson

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Maggie A. Gray.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Wilson

(Address) 1355 N. Carey St

Filed 12/23 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21, 1908

I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1908 to Dec. 21 1908 that I last saw h er alive on Dec 21 1908, and that death occurred, on the date stated above, at 2.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis Peritonitis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 275 DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date Dec 21 1908

Place of Burial Laurel

Date Dec 23rd 1908

Undertaker James A. Wilson

Address 364 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C18101 — Registered No. B C18101

CERTIFICATE OF DEATH.

27

Place of Death.) No. 816 Stirling St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eldred Boston

{ Residence, if in Baltimore, Give Street and Number. } 816 Stirling St

Duration of Residence in Baltimore. 16 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: ..... 1.....

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Talbot Co Md

FULL NAME OF FATHER: Louis Boston.

BIRTHPLACE OF FATHER (State or country): Talbot Co Md.

MAIDEN NAME OF MOTHER: Annie Green

BIRTHPLACE OF MOTHER (State or country): Talbot Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lizzie Boston.

(Address) 816 Stirling st.

Filed 12/23 1908

HARRY O. ANDRAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1908 to Dec 21 1908 that I last saw h.. alive on Dec 21, 1908, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonales

(DURATION) 2 Months

Contributory (Primary) Pulmonary Hemmahage (DURATION) 24 hrs

(Signed) F. E. Lilly M.D.

Address 207 Cumberland St

Date Dec 21, 1908

Place of Burial ~~Hoppe Landing Talbot Co Md~~ St Peters Ceme

Date December 23 1908

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 15 C18102 Registered No. B C18102

1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanley Rollins

{ Residence, if in Baltimore, Give Street and Number. } 1403 N. Mount St

Duration of Residence in Baltimore. 14 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): M. D. V. & D. C.

FULL NAME OF FATHER: James Rollins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lottie Gray

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: School Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix, B Pye.

(Address) 102 E. Baltimore

Filed 12/23 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 21, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 21 1908 that I last saw h alive on Dec 20 1908, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure (DURATION) DAYS

Contributory (Primary.) Typhoid Clinical

No Widal (DURATION) 15 DAYS

(Signed) Wm. N. Wright M.D.

Address 1373 N. Carey St

Date Dec. 21, 1908

Place of Burial Mt Auburn Cemetery

Date December 23 1908

Undertaker Felix B Pye

Address 102 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C18103 — Registered No. B C18103

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1837 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Seidenzahl

{Residence, if in Baltimore, Give Street and Number.} 1837 Jefferson St.

Duration of Residence in Baltimore. Balto

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 8th 1858
AGE	50 years, 7 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Seidenzahl

(Address) 1837 Jefferson

Filed 12/23 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1908 to Dec 21st 1908 that I last saw h[illegible] alive on Dec 21 1908, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Trauma

(DURATION) ~~1 day~~ 2 DAYS

Contributory (Primary) Acute Nephritis (DURATION) several DAYS

(Signed) J. H. S. Potter M.D.

Address 3586 E. North ave

Date Dec 22 1908

Place of Burial Oak Lawn

Date 12/24/08 190

Undertaker J. Herring & Son

Address 2008 Orleans

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18104

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18104

City of Baltimore, (No. 17 E. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Brayton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Black

DATE OF BIRTH (Month) (Day) 1871 (Year)

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Georgia

FULL NAME OF FATHER Alex Brown

BIRTHPLACE OF FATHER (State or country) Georgia

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Florida

OCCUPATION OF DECEASED Hous[illegible] Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas E. Brusby

(Address) 17 E. Lee St.

Filed 12/23 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 22 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Dec 22 1908

that I last saw h[illegible] alive on Dec 21 1908,

and that death occurred, on the date stated above, at 11.30 M. The CAUSE OF DEATH was as follows:

Pneumonia

3 Days (DURATION) ~~DAYS~~

Contributory

3 weeks (DURATION) ~~DAYS~~

(Signed) W. S. Smith M. D.

Dec 23 1908 (Address) 628 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Auburn Cem. | DATE OF BURIAL Dec 24 1908

UNDERTAKER W. M. Doyle & Son | ADDRESS 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C18105 Registered No. B C18105

CERTIFICATE OF DEATH.

(Place of Death.) No. 57 Spring Row (Hanfield) St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Chas Emmett McCalpe

{ Residence, if in Baltimore, Give Street and Number. } 57 Spring Row

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 19 1846

AGE 62 years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Aaron McCalpe

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Margaret Keys

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Burwick A. McCalpe

(Address) 57 Spring Row

Filed 12/23 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

... (DURATION) ... DAYS

Contributory (Primary.) Pul. Tuberculosis

2 yrs (DURATION) ... DAYS

(Signed) Denis Cullinan M.D.

Address 1801 N. Charles St

Date Dec 23 1908

Place of Burial St Mary's

Date Dec 24 1908

Undertaker J S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C18106 Registered No. B C18106

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 128 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Pallacuda

{ Residence, if in Baltimore, Give Street and Number. } Life 128 Pearl

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W

DATE OF BIRTH: 1908

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Vincent Pallacuda

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Doyle

(Address) 17 E Lee St

Filed 12/23 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec 13 1908 to Dec 23 1908 that I last saw h[illegible] alive on Dec 23 1908, and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate) Heart Failure

(DURATION) 10 DAYS

Contributory (Primary.) Premature Birth (8 mo child)

(DURATION) ..... DAYS

(Signed) J J Valentine M.D.

Address 161 Broadway

Date Dec 23 1908

Place of Burial St Vincents Cem

Date Dec 23 1908

Undertaker M Doyle & Son

Address 17 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — C18107 — Registered No. B C18107

CERTIFICATE OF DEATH.

74

(Place of Death.) No. 725 Reservoir St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth M. Mules

{Residence, if in Baltimore, Give Street and Number.} 725 Reservoir St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: February 27 1833

AGE: 75 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Jenkins

BIRTHPLACE OF FATHER (State or country): Fredrick Md.

MAIDEN NAME OF MOTHER: Sarah L. Bader

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank B Mules

(Address) 725 Reservoir St

Filed 12/23 1908 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov 17 1908 to Dec 21 1908

that I last saw her alive on Dec 21 1908,

and that death occurred, on the date stated above, at 7.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Sciatica and weakness due to age,

(DURATION) 7 DAYS

Contributory (Primary.) Acute Sciatica

(DURATION) 35 DAYS

(Signed) Chas E. Sadler M.D.

Address 1415 Linden Ave

Date Dec 22nd 1908

Place of Burial London Park

Date Dec. 24 1908

Undertaker Geo J Smith & Co

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C18108

Ward 14 Registered No. C 18108

99

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Booker

{ Residence, if in Baltimore, Give Street and Number. } 610 Baker St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Do Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Blackston

(Address) 610 Baker St

Filed Dec 23 1908 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 23 1908 that I last saw h alive on Dec 20 1908, and that death occurred, on the date stated above, at 6.16 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) DAYS

(Signed) L L Hawkins M.D.

Address 1202 Druid Hill Ave

Date December 23 1908

Place of Burial Laurel Cemetery

Date Dec 24 1908

Undertaker Alex H Ensslen

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18109 HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B C18109

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Boyd Fellows Courtney

{ Residence, if in Baltimore, Give Street and Number. } ✓

Duration of Residence in Baltimore. ✓

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ✓ 1

AGE: 61 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Seaman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter H Adams

(Address) U.S. Marine Hospital

Filed Dec 23 1908 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1908 to Dec 21 1908 or saw him

that I last saw him alive on Dec 21 1908,

and that death occurred, on the date stated above, at 2.45 PM

M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes mellitus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M Brown M.D.

Address U.S. Marine Hospital

Date Dec. 22nd 1908

Place of Burial Monday's B Pa

Date Dec 23rd 1908

Undertaker H.W. Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

C18110

Ward 14 Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 N Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth M Eberhardt

Residence, Give Street and Number, 718 N Saratoga St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 25 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~: Married

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: John Ackerman

BIRTHPLACE OF FATHER (State or county): City -

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): City -

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank V Eberhardt

(Address) 718 N Saratoga St

Filed Dec 23 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 22 1908

I HEREBY CERTIFY, That I attended deceased from Nov 11 1908 to Dec 22 1908

that I last saw her alive on Dec 21 1908

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) W K Formedy M. D.

Address 207 N Liberty St

Date Dec. 22d 1908

Place of Burial Holy Redeemer

Date Dec 24 1908

Undertaker Wm J Schulien

Address 61 Appleton St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

179

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18111

City of Baltimore, (No. 1911, Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Scales,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Saml Scales.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Julia Hall.

BIRTHPLACE OF MOTHER (State or country): NC.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Scales

(Address) 1911 Aisquith St.

Filed 12/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 23 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1908 to Dec. 22, 1908

that I last saw him alive on Dec. 22, 1908,

and that death occurred, on the date stated above, at 1.30 A. M. The CAUSE OF DEATH was as follows:

1. Marasmus

(DURATION) DAYS

Contributory Probably tuberculosis.

(DURATION) DAYS

(Signed) Hugh Forsythe, M. D.

Dec. 23, 1908 (Address) 424 E. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Sauer

DATE OF BURIAL: Dec 24 1908

UNDERTAKER: R. St. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

and the cause and date of death.

Ward 15 C18112 Registered No. B C18112

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2334 N. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Carter.

{ Residence, if in Baltimore, Give Street and Number. } 2334 N. Stockton St.

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1831

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): A. A. Co. Md

FULL NAME OF FATHER: Wm Carter.

BIRTHPLACE OF FATHER (State or country): A. A. Co Md

MAIDEN NAME OF MOTHER: X

BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Carter

(Address) 2141 Division St

Filed 12/24 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1908 to Dec 22nd 1908

that I last saw h[illegible] alive on Dec 21st 1908,

and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) 6 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Smith M.D.

Address 1313 W. North Ave

Date Dec 23rd 1908

Place of Burial Mount Auburn

Date Dec 24 1908

Undertaker Alfred J. Freeland

Address 106 N. Eckhoder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C18113 Registered No. B C18113

104

CERTIFICATE OF DEATH.

(Place of Death.) No 2237 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Lutterbeck

{Residence, if in Baltimore, Give Street and Number.} 2237 Mc Elderry St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 18 1828

AGE 80 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(informant) Elizabeth Lutterbeck

(Address)

Filed 12/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23/08 190

I HEREBY CERTIFY, That I attended deceased from October 5th 1908 to Dec 23rd 1908 that I last saw him alive on Dec 23rd 1908, and that death occurred, on the date stated above, at 3.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastritis 2 old Age

(DURATION) 2 1/2 Months

Contributory (Primary.) Exhaustion

(DURATION) 21 DAYS

(Signed) Chas L. Cullimbine M.D.

Address 418 S. Paca St.

Date Dec 23rd 1908

Place of Burial Mt Carmel Cemetery

Date December 24/08 190

Undertaker Christian Miller

Address 233 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

179

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18114

City of Baltimore, (No. 2935 Hudson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Victoria Harvey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 26th 1854 (Month) (Day) (Year)

AGE: 54 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Harry Kaufman

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Ann L. Driver

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Home Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J. Kaufman

(Address) 766 St. Peter St.

Filed 12/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 23 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 23 1908 that I last saw her alive on Dec 22 1908, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Complication of diseases

(DURATION) DAYS

Contributory Cardiac Syncope (DURATION) DAYS

& Nervousness

(Signed) Wm D Jones M. D.

Dec 23 1908 (Address) 3419 Elliott St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Int Dirct Cemetery | DATE OF BURIAL: Dec 14 1908

UNDERTAKER: Jos & Jas John W. Siegel | ADDRESS: 811 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95

Registered No. C 18115

City of Baltimore, (No. 123, W. Pane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daisy Samuelson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER Israel Margliys

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Margolys

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Hollenay

(Address) 726 N. Gay St.

Filed 12/24 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 1908 to December 23 1908 that I last saw her alive on December 22 1908, and that death occurred, on the date stated above, at 1 o'clock P. M. The CAUSE OF DEATH was as follows:

Patent Pneumonia
Contributory Fatty Degeneration of Heart

one Month (DURATION) ..... DAYS

Contributory .....
(DURATION) ..... DAYS

(Signed) A. Arons M.D.

1908 (Address) 1607 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Montefiore Rest Hebrew Cemet	December 24 1908
UNDERTAKER	**ADDRESS**
Max Levenson	1620 McElroy

PERKINS & C. DELANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN.

Ward 11 4

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18116

CERTIFICATE OF DEATH.

159

(Place of Death.) No. St. James Hotel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Perman

Residence, Give Street and Number, New York City -

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	W

DATE OF BIRTH ..... 1 .....

AGE about 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. ?

BIRTHPLACE (State or county) Unknown

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Kelly

(Address) 639 Broadway

Filed 12/24 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 24th 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h alive on ..... 190 .....

and that death occurred, on the date stated above, at 4 A.M. ? M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide by pistol shot wound in chest

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W. T. Riley Coroner M. D.

Address 1639 Broadway

Date Dec 24 1908

Place of Burial Balto. Cem.

Date Dec. 27 1908

Undertaker Jos. Kelly & Son

Address 1630 Eastern Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17th

C18117 Registered No. B C18117

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 749 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert L. Cotton

{Residence, if in Baltimore, Give Street and Number.} Chicago - Ill

Duration of Residence in Baltimore. 2 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lippton Cotton

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hatz Briney

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Cotton

(Address) 1839 N. Bonhan

Filed 12/24 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/22 1908

I HEREBY CERTIFY, That I attended deceased from 12/22 1908 to 12/22 1908

that I last saw him alive on 12/22 1908,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Insufficiency

(DURATION) 3 hrs DAYS

Contributory (Primary.) Pulmonary Tubercu-

losis (DURATION) 10 yrs DAYS

(Signed) W D Olmsted M.D.

Address 1828 W North Ave

Date 12/23 1908

Place of Burial Bath Zion

Date Dec 24 1908

Undertaker David Lindheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any ... the duty of the Physician who attended during his or her last sickness, ... notice, to furnish within **eighteen hours after death**, to the Undertaker, ... setting forth, as far as the same can be ascertained, the **full name, sex, ... deceased, and the cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C18118 — Registered No. C 18118

103

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Eichengreen

Residence, Give Street and Number, 1926 Madison Ave., Balto Md.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: white

DATE OF BIRTH: Dec 31 st 1849

AGE: 58 years, 11 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O Eichengreen

(Address) 1926 E Madison Ave

Filed 12/24 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 23 1908

I HEREBY CERTIFY, That I attended deceased from December 18 1908 to Dec. 23 1908 that I last saw him alive on Dec. 23 1908 and that death occurred, on the date stated above, at 8 25 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac collapse due to Toxaemia

(DURATION) 1 DAYS

Contributory (Primary) Perforated Gastric Ulcer (DURATION) 5 DAYS

(Signed) Harry L. Howe, M. D.

Address Union Protestant Infirmary

Date December 23 1908

Place of Burial Baltimore Hebrew Cem

Date Dec 26-8 1908

Undertaker Dan't Sonnheim

Address 923 E Madison Ave

Remarks

Removed from 1926 Madison Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C18119 Registered No. B C18119

77

CERTIFICATE OF DEATH.

(Place of Death.) No. 1209 E. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Granville E. Landis.

{Residence, if in Baltimore, Give Street and Number.} 1209 E. Chester St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH July 26 1863

AGE 43 years, 4 months, 29 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Landis

(Address) 1209 E Chester

Filed 12/24 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 22nd 1908

I HEREBY CERTIFY, That I attended deceased from May 18th 1908 to Dec 18th 1908

that I last saw h[illegible] alive on " 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Myocarditis.

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 166 DAYS

(Signed) J.S. Finlen M.D.

Address 9.6. Biddle St.

Date Dec. 23rd 1908

Place of Burial Holy Cross

Date Dec 24 1908

Undertaker Robt V Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the cause and date of death.

C18120

9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

154

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18120

City of Baltimore, (No. 1113, E North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Anna Hammack

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 7 1830
(Month) (Day) (Year)

AGE 78 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James Mannay

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margret Murphy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Wilkinson

(Address) 1113 E North Ave

Filed 12/24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1908 to Dec 23 1908

that I last saw her alive on Dec 22 1908,

and that death occurred, on the date stated above, at 11:45 A. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) DAYS

Contributory General Debility

Acute Pneumonia (DURATION) DAYS

(Signed) Walter A. White M. D.

Dec 23 1908 (Address) 1101 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	Dec 26 1908
UNDERTAKER	ADDRESS
Robt J Turner	1447 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C18121 THIS IS A PERMANENT

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 18121

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 109 N Mount St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Franklin Clary.

Residence, Give Street and Number, 109 N. Mount.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Fredrick Co. Md.

FULL NAME OF FATHER Moses Clary

BIRTHPLACE OF FATHER (State or county) Fredrick Co.

MAIDEN NAME OF MOTHER Sarah London.

BIRTHPLACE OF MOTHER (State or county) Fredrick Co

OCCUPATION OF DECEASED Blacksmith.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. John Hood,

(Address) 630 N. Gilmor St.

Filed 12/24 1908 HARRY C. ANDREWS, Registrar.
DEPUTY CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 23 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilatation

(DURATION) ..... DAYS

Contributory (Primary) Exhaustion

(DURATION) ..... DAYS

(Signed) Herbert C Blake M. D.

Address 1014 N LaFayette

Date Dec. 23. Coroner 190 .....

Place of Burial London Park.

Date Dec 24, 190 .....

Undertaker Jos. Staub & Son

Address 100 N. Eutaw St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward W

Registered No. C 18122

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Edrie Hayes

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Nov. 25 1908

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER C. J. Hammond

BIRTHPLACE OF FATHER (State or country) N. C.

MAIDEN NAME OF MOTHER Mary Hayes

BIRTHPLACE OF MOTHER (State or country) N. C.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed Dec 24 1908 HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1908 to Dec. 22 1908

that I last saw h[illegible] alive on Dec. 22 1908,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Insanities

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Dec. 23, 1908

Place of Burial, Catholic Cemetery

Date December 24th 1908

Undertaker Felix B. Pue

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18123

Ward 10

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 720 N. Gay St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Garrett E. Sadler

Residence, Give Street and Number, 720 N. Gay St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: March 17 — 1867

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Garrett H. Sadler

(Address) 720 N. Gay St.

Filed Dec 24 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 23rd 1908.

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 23 1908

that I last saw her alive on " 23 1908

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthma

Acute Dilotation of Heart.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. L. Levy. M. D.

Address

Date 190

Place of Burial Holy Redeemer

Date Dec 26 1908

Undertaker Wm Cook

Address 502 E Fortieth

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18124

Ward 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 Jackson St Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gretchen B Ball

Residence, Give Street and Number, 19 Jackson St Homestead

Duration of Residence in Baltimore, Our Year

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Dec 24. 18

AGE ..... years, 17 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Poughkeepsie N Y

FULL NAME OF FATHER Percy Ball

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Ethel Briggs

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ethel Ball

(Address) 19 Jackson St

Filed Dec 24 1908 HARRY O. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 24 1908

I HEREBY CERTIFY, That I attended deceased from December 17 1908 to December 24 1908

that I last saw her alive on December 24 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

Two Weeks (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) H Young Westbrook M. D.

Address 237 Gorsuch Ave

Date December 24 1908

Place of Burial Baltimore Cem

Date Dec 25 1908

Undertaker J M Corse

Address 322 E North Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. C 18125

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1649 Barnes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Kreiter

Residence, Give Street and Number, 1649 Barnes St

Duration of Residence in Baltimore, 43 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: White

DATE OF BIRTH: April 3 1834

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Mary Gregor

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Stonemason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kreiter

(Address) 1649 Barnes St

Filed Dec 24 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Dec 22 1908

that I last saw h wife alive on Dec 22 1908

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate,)

Valvular Degeneration of Heart and Dropsy

(DURATION) YS

Contributory (Primary) Dropsy

(DURATION) YS

(Signed) [redacted] D.

Address 1028 N Wolfe St

Date Dec 29 1908

Place of Burial Baltimore Essex

Date Dec 25 1908

Undertaker J Kay Coot

Address 2026 Eutaw Pl

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 18126 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 29 Gutman Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Archibald T. Stirling

Residence, Give Street and Number, 29 Gutman Ave

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 82 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Wm Stirling

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hunt Sterling

(Address) 322 E Lafayette Ave

Filed Dec 24 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 23 1908

I HEREBY CERTIFY, That I attended deceased from August 20 1908 to Dec 23 1908

that I last saw him alive on Dec 22 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Valvular Disease of Heart

(DURATION) 2 Years DAYS

Contributory (Primary) Rheumatism Luetic

(DURATION) — DAYS

(Signed) Edmund Gibbs M. D.

Address 316 E. North Ave

Date December 23 1908

Place of Burial Greenmount

Date Dec 26/908 190

Undertaker Wm Cook

Address 1102 E Monument

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18127

Ward 15

Registered No. B C18127

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 3404 N. Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ella D. Triplett

{Residence, if in Baltimore, Give Street and Number.} 3404. N. Walbrook Ave.

Duration of Residence in Baltimore. 17 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan. 12 th 1842

AGE 66 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Arthur Nelson

Address 3404. N. Walbrook Ave

Filed Dec 25 1908 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24" 1908.

I HEREBY CERTIFY, That I attended deceased from Dec 7" 1908 to Dec 24" 1908 that I last saw h e alive on Dec 7" 1908, and that death occurred, on the date stated above, at 9.15' a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAY

Contributory (Primary.) Senile Debility.

(DURATION) 17 DAYS

(Signed) H. E. Beppe M.D.

Address 3050 N. North Ave

Date December 24" 1908

Place of Burial Warenton Va.

Date Dec - 25 th 1908

Undertaker Wm. H. Gaudlitz

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 X

Registered No. C 18128

16 6

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hosp. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Isaac Jno McNulty

{ Residence, if in Baltimore, Give Street and Number. } Inst St Mary's Fred. & Lee

Duration of Residence in Baltimore. 24 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Patrick McNulty

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mazie Bowers.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick E McNulty

(Address) Emmitsburg Md

Filed Dec 25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to Dec 24 1908

that I last saw h alive on 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture of Skull

and other injuries

Struck by B & O Train (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Manion M.D.

Address Corner

Date Dec 24 1908

Place of Burial Thurmont Md

Date December 25 1908

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C18129 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C18129

CERTIFICATE OF DEATH.

8

(Place of Death.) No. 564 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Williams

Residence, Give Street and Number, 564 Orchard St.

Duration of Residence in Baltimore, 18 mos.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: ed

DATE OF BIRTH: Feb 1906

AGE: 2 years, 10 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: William A Williams

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Ellen Fleischer

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William A Williams

(Address) 564 Orchard St

Filed 12/25 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 12/23 1908

I HEREBY CERTIFY, That I attended deceased from 12/9th 1908 to 12/23 1908 that I last saw h alive on 12/23 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Whooping Cough

3 weeks (DURATION) DAYS

(Signed) A. Lee Ecce M. D.

Address 912 Mund. ave

Date 12/24 1908

Place of Burial Glendale Md Prince Georges

Date Dec 24 1908

Undertaker J. A. Bish

Address 1807 Druid Hill Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C18130 Registered No. B C18130

CERTIFICATE OF DEATH.

(Place of Death.) No. 228 W Camden St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Goldie Lazarus

{Residence, if in Baltimore, Give Street and Number.} 228 W Camden St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR wite

DATE OF BIRTH 1

AGE — years, 90 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Mat Gordon

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Beky goldberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Lazarus

(Address) 228 W. Camden St.

Filed 12/25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to — 190

that I last saw h alive on Dec 24 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia (Probably).

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm A Strauss M.D.

Address 420 Hanover St

Date Dec 24 1908

Place of Burial Washington Hebrew st

Date Dec 25 1908

Undertaker Mar Levinsons

Address 1620 Mc Elderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C18131 Registered No. B C18131

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 2412 E. Monument St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Sarah E. McLane

{Residence, if in Baltimore, Give Street and Number.} 2412 E. Monument St

Duration of Residence in Baltimore. 16yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 29 1836

AGE 72 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James McLane

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriet ——

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Heuzler

(Address) 2412 E Monument

Filed 12/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 23 1908

that I last saw her alive on Dec 23 1908;

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary) Acute Bronchitis

& Lobar Pneumonia. (DURATION) 14 DAYS

(Signed) Chas D Lemmon M.D.

Address 1422 N Patterson Pk

Date Dec 24 1908

Place of Burial Westover Summit Co Md

Date Dec 25 1908

Undertaker Owen Cook

Address 902 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C18132. Registered No. B C18132

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 438 E. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Robertson

{Residence, if in Baltimore, Give Street and Number.} 438 E. Lanvale

Duration of Residence in Baltimore. Twenty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 43 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Boston Mass.

FULL NAME OF FATHER Wm A. Robertson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Helen Barbeau

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Manufacturer of Mustard

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda J. Brown

(Address) 438 E. Lanvale St.

Filed 12/25 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Apl 12 1908 to Dec 23rd 1908 that I last saw him alive on Dec 23 1908, and that death occurred, on the date stated above, at 12-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Peane M.D.

Address 1238 Greenmount

Date Dec 23rd 1908

Place of Burial Greenmount

Date Dec 27/08 1908

Undertaker Wm Cook

Address 502 E. Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 18133

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah W. Travers

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	F.
COLOR	B
DATE OF BIRTH	—
AGE	70 years, — months, — days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	W
BIRTHPLACE (State or county)	N. Y.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/15 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18 1908 to Dec 24 1908

that I last saw h alive on Dec 24 1908

and that death occurred, on the date stated above, at 7 35 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Coma due to

(DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) DAYS

(Signed) W. H. Esken M. D.

Address Bay View Hospital

Date Dec 24 1908

Place of Burial Asbury Cemetery

Date December 25th, 1908

Undertaker Theodore White

Address 1702 Gough Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18134

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Registered No. B C18134

City of Baltimore, (No. 612 N. Mount. St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A. Buschman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 4 (Day) 1874 (Year)

AGE: 34 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John. Koernschield

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Amelia Cuno

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housework at Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F. Wiesner

(Address) 612 N. Mount St.

Filed 12/25 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 9th 1908 to Dec. 25th 1908 that I last saw her alive on Dec. 24th (10.45 P.M.) 1908, and that death occurred, on the date stated above, at 4.25 A.M. The CAUSE OF DEATH was as follows:

Nervous Prostration

(Coma)

(DURATION) 5 Mos.

Contributory Edema at the base of the brain

(DURATION) 5 1/2 DAYS

(Signed) Edw. F. Timmerer M.D.

Dec 25 1908 (Address) 539 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 862 W. Fayette St. How long at Place of Death? 9 Days

Where was disease contracted, if not at place of death? 862 W. Fayette St.

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 27 1908

UNDERTAKER: W. Tennent Jones — ADDRESS: Camden & Pea

862 W Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C18135 Registered No. C C18135

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1009 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Roddy

Residence, Give Street and Number, 1009 E. Fayette

Duration of Residence in Baltimore, 14 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR W.

DATE OF BIRTH ~~1908~~

AGE 54 years, ~ months, ~ days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Abraham Kawarsky

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Mary Kawarsky

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Roddy

(Address) 1009 E Fayette st

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on ~ 190

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate,

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. F. Ruby Coroner M. D.

Address 1639 Broadway

Date Dec 25 1908

Place of Burial Hebrew Sinai Cemetery

Date Dec. 26, 1908

Undertaker, J. Max Lennig

Address 620 N. Eden St.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C18136 Registered No. B C18136

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 522 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Irene White

{ Residence, if in Baltimore, Give Street and Number. } 522 Pearl St

Duration of Residence in Baltimore. 24 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White.

DATE OF BIRTH: July 6 1908

AGE: 5 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: William H. White.

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Helen G. Vogel

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Helen G. White.

(Address) 522 Pearl St

Filed 12/25 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 21 1908 to Dec 24 1908

that I last saw h[illegible] alive on Dec 23 1908

and that death occurred, on the date stated above, at [illegible] M.

CAUSE OF DEATH (Secondary or Immediate) Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ira L Fetterhoff M.D.
IRA. L. FETTERHOFF, M. D.

Address N. E. Cor. Lafayette & Carrollton Aves.

Date DEC 24 1908 BALTIMORE, MD. U. S. A. 190

Place of Burial London Park Cem.

Date Dec 26 190

Undertaker Wm A Rohde Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward W C18137 Registered No. C C18137

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 252 Pearl St.

252.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hilma Meiller

Residence, Give Street and Number, 252 Pearl St

252.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: unknown.

BIRTHPLACE OF FATHER (State or county): unknown.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or county): unknown.

OCCUPATION OF DECEASED: Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Warner

(Address) 252 Pearl St

Filed 12/25 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 22nd 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1908 to Dec 22nd 1908

that I last saw h alive on Dec 21st 1908

and that death occurred, on the date stated above, at 8

M. CAUSE OF DEATH (Secondary or Immediate,)

Asthama, Cardiac failure ? Asthama

(DURATION) 4 DAYS

Contributory (Primary) Nephritis ?

(DURATION) ? DAYS

(Signed) John T. McCarthy M. D.

Address 656 W. Franklin St

Date Dec 24th 1908

Place of Burial Loudon Park Cem

Date December 26th 1908

Undertaker Wm J Schilling

Address 49 S Poppleton St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C18138 Registered No. B C18138

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 204 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Martin

{Residence, if in Baltimore, Give Street and Number.} 204 W Mulberry.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: about 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Martin

(Address) 204 W Mulberry St

Filed 12/25 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wednesday Dec 23d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19th 1908 to Dec 23d 1908 that I last saw h[er] alive on Dec 22nd 1908, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Senile (DURATION) DAYS

Contributory (Primary) Gastro Enteritis

Acute mainly & Vomiting (DURATION) 10 DAYS

(Signed) E. S. Kelly M.D.

Address 607 N. Charles St

Date Dec 25th 1908

Place of Burial New Cathedral

Date Dec 26 1908

Undertaker Wm J. Schilling

Address #9 S Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C18139

Ward ..... C18139 Registered No. B .....

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 3021 Hudson St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Sarah Elizabeth Pfeiffer

{ Residence, if in Baltimore, Give Street and Number. } 3021 Hudson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1

AGE ..... years, 6 months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Fredk Pfeiffer

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Annie Ketchum

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frdk Pfeiffer

(Address) 3021 Hudson st

Filed 12/25 1908

BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ since ~~with~~ to Dec 24 1908

that I last saw h alive on Dec 20 1908

and that death occurred, on the date stated above, at 4 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion of falling Bronchopneumonia

Duration ~~two~~ one of ~~two~~ three ~~months~~ weeks ~~days~~ Died ~~same~~ came on ~~about~~ a week ago. (DURATION) 2 DAYS

Contributory (Primary.) Exhaustion

Bronchopneumonia (DURATION) 20 DAYS

(Signed) [illegible] M.D.

Address Canton Dillon Sts.

Date Dec 24 1908

Place of Burial Mt. Carmel

Date Dec. 26th 1908

Undertaker Randall Dippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18140

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037 Williams St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert E. Capie

{ Residence, if in Baltimore, Give Street and Number. } 1037 Williams St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: March 14 - 1908

AGE: ..... years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Albert Capie

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Lacer

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Capie

(Address) 1037 Williams St

Filed Dec 25 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 - 1908 to Dec 24 - 1908

that I last saw h.. alive on Dec 24 - 1908,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Rickets (DURATION) 6 Months

(Signed) C. E. Burdette M.D.

Address 222 E Cross St

Date Dec 24 - 1908

Place of Burial St Vincents Cemetery

Date Dec 26 1908

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

C18141

C18141

Ward 19 Registered No. C

CERTIFICATE OF DEATH.

67

(Place of Death.) No. 212 N Gilmor St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H Smith

Residence, Give Street and Number, 212 N Gilmor St

Duration of Residence in Baltimore, 8 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR white

DATE OF BIRTH Unknown

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) England

FULL NAME OF FATHER Thomas H Smith

BIRTHPLACE OF FATHER (State or county) England

MAIDEN NAME OF MOTHER Elizabeth Bond

BIRTHPLACE OF MOTHER (State or county) England

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Smith

(Address) 212 N Gilmor St

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 23rd 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Dec 23 1908

that I last saw him alive on Dec 23 1908

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Paresis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. G. Smith M. D.

Address 1628 N Lexington

Date Dec 25 1908

Place of Burial Greenmount Cathedral

Date Dec 26th 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMA

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18142

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 745 W. North Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Mary Quinn

Residence, Give Street and Number, 745 W. North Ave.

Duration of Residence in Baltimore, 7 mos.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white

DATE OF BIRTH: 1

AGE: ..... years, 7 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Wm E Quinn

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary Woodland

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Quinn

(Address) 745 W North ave

Filed 12/26 1908

BARRY C. ARNOLD, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 24th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1908 to Dec. 24th 1908

that I last saw h alive on Dec. 24th 1908

and that death occurred, on the date stated above, at 5-30 a. M. CAUSE OF DEATH (Secondary or Immediate,)

in convulsions

(DURATION) 1 DAYS

Contributory (Primary) Dysentery 2

(Secondary) (DURATION) DAYS

(Signed) Wm Nicholson M. D.

Address 30 N. Fulton Ave.

Date Dec. 26th 1908

Place of Burial The Cathedral

Date Dec 26 1908

Undertaker W J Pickney & Sons

Address 420 W Camden st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 24

C18143 Registered No. B C18143

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 408 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha E. O'Neill

{Residence, if in Baltimore, Give Street and Number.} 408 E Randall

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 23d 1908

AGE: 31 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thomas M. Jones

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Annie E. Smith

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jones

(Address) 408 E. Randall.

Filed 12/26 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23d 1908

I HEREBY CERTIFY, That I attended deceased from Dec 21st 1908 to Dec 23d 1908 that I last saw her alive on Dec 23d 1908, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

a Peritonitis

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Acute Gastro Enteritis

(DURATION) 3 DAYS

(Signed) J. H. H. Snyder M.D.

Address 1435 Light St

Date Dec 23d 1908

Place of Burial Druid Hill Cem.

Date Dec 26 1908

Undertaker J. Fen McCauley

Address 39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C18144

CERTIFICATE OF DEATH.

177

(Place of Death.) No. 606 N. Calvert St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Leland

Residence, Give Street and Number, 606 N. Calvert

Duration of Residence in Baltimore, 2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 61 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Patrick O'Connor

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Catherine Flannagan

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 606 N. Calvert St

Filed 12/26 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12.30 M.

CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W. F. Riley, Coroner M. D.

Address 1639 Broadway

Date Dec 24 1908

Place of Burial Cathedral

Date Dec 26 1908

Undertaker H. C. Windfield

Address 914 Greenmount Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...EALTH DEPARTMENT, C...

Ward 17 C18145 Registered No. B C18145

CERTIFICATE OF DEATH. 27

DUPLICATE

(Place of Death.) No. 636 Jasper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Henson.

Residence, if in Baltimore, Give Street and Number. 636 Jasper St.

Duration of Residence in Baltimore. Life

Issued by Mistake

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH ~ 1

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or country) ~

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Henson

(Address) 636 Jasper St

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/23 1908

I HEREBY CERTIFY, That I attended deceased from 11/9 1908 to 12/23 1908 that I last saw him alive on 12/22 1908 and that death occurred, on the date stated above, at 10 30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pul. Tuberculosis

(DURATION) DAYS

Contributory (Primary) Inanition (DURATION) DAYS

(Signed) L E Connelly M.D.

Address 609 N. Franklin St.

Date 12/25 1908

Place of Burial St Peters Cemetery

Date Dec 26 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C18146 Registered No. B C18146

93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Bedford

{Residence, if in Baltimore, Give Street and Number.} 512 N. Bradford St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Elijah Bedford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Dora Chester

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Chester

(Address) 512 Bradford

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 1908 to Dec 22 1908

that I last saw h[illegible] alive on Dec 23 1908,

and that death occurred, on the date stated above, at 845 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Exhaustion with Colitis of Lungs

(DURATION) DAYS

Contributory (Primary.)

Double Pneumonia (DURATION) 12 DAYS

(Signed) J. W. Burt M.D.

Address University Hospital

Date Dec 24 1908

Place of Burial Laurel

Date Dec 26 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTME[illegible]

Ward 17 C18147 Registered No. B C18147

17v

CERTIFICATE OF DEATH.

(Place of Death.) No. Chir 9. Locust Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William E. Rideout

{Residence, if in Baltimore, Give Street and Number.} 927 Waters Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Don't know

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Steveder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Johnson

(Address) 927 Waters Ct

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 9.50 A M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

(DURATION) ... DAYS

Con'ributary (Primary.)

(DURATION) ... DAYS

(Signed) H. M. Leonhardt M.D.

Coroner

Address

Date Dec 24 1908

Place of Burial Laurel Cemetery

Date Dec 26 1908

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPAR[illegible]

Ward 9 C18148 Registered No. B C18148

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 703 Gorsuch ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret J Graham

{ Residence, if in Baltimore, Give Street and Number. } 703 Gorsuch ave

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 2nd 1820

AGE: 88 years, 5 months, 23 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: John Inglis

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Margaret Inglis

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt J Graham

(Address) 515 Chestnut hill ave Woodberry

Filed 12/26 1908

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 24 1908 that I last saw h[illegible] alive on Dec 24 1908, and that death occurred, on the date stated above, at 5.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Pleurisy

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. L. Whittle M.D.

Address 906 Gorsuch Ave.

Date Dec 25 1908

Place of Burial Mt Olivet Cemetery

Date Dec 28th 1908

Undertaker George Schilling & Sons

Address 1196 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARG

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C18149 — Registered No. C ~~C18149~~ 44

CERTIFICATE OF DEATH.

(Place of Death.) No. 1020 N. Lafayette Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary S. Williams

Residence, Give Street and Number, 1020 N. Lafayette Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: John W Swindell

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Rachel Swindell

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. F. Williams

(Address) 1526 Baskden ave

Filed 12/26 1908 HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 24 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

E. Laurent

(DURATION) ..... DAYS

Contributory (Primary) Cancer

(Uterus) (DURATION) 8 years ~~DAYS~~

(Signed) Silas Bowman M. D.

Address 700 N. Laf Ave (Corner)

Date Dec. 25 1908

Place of Burial Green Mount

Date Dec 26 1908

Undertaker J. E. Hughes Co

Address 1422 Penna Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE BACK HEREOF.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. C 18150

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Freeland

Residence, Give Street and Number, 1031 N Vincent St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F.

COLOR: B

DATE OF BIRTH: —

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: M.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/26 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 29 1908 to Dec 25 1908

that I last saw h e alive on Dec 25 1908

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) — DAYS

(Signed) W. W. Baker M. D.

Address Bay View Hosp

Date Dec 25 1908

Place of Burial Mt Auburn

Date Dec 27 1908

Undertaker Wm J. Johnson

Address 614 Baker st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 20 C18151 Registered No. B C18151

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 325 S Payson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Jesse Esslinger

{Residence, if in Baltimore, Give Street and Number.} 325 S Payson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 31 1846

AGE 62 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Christian Esslinger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Louisa Ilya

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Foreman Brick Yard

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Esslinger

(Address) 325 S Payson St

Filed 12/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1908

I HEREBY CERTIFY, That I attended deceased from June 10 1908 to Dec 22 1908 that I last saw him alive on Dec 22 1908, and that death occurred, on the date stated above, at 5.45 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia Convulsions

(DURATION) DAYS

Contributory (Primary.) Bright's Disease

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 3417 Fulton Ave

Date Dec 24 1908

Place of Burial London Park

Date December 26 1908

Undertaker J & J Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

C18152

Ward 19

Registered No. C

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 300 S. Vincent St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Brown

Residence, Give Street and Number, 300 S. Vincent.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 2 1908

AGE: [redacted] years, months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: William Murray

BIRTHPLACE OF FATHER (State or county): Balto Md

MAIDEN NAME OF MOTHER: Elizabeth Brown

BIRTHPLACE OF MOTHER (State or county): Balto Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis N. Brown

(Address) 1913 Ramsay St

Filed 12/26 1908

BARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec. 24 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Premature Birth

Exhaustion (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Herbert C. Blake M. D.

Address 1014 N. Lafayette

Date Dec. 26. Coroner 1908

Place of Burial Western Cem

Date December 1908

Undertaker Fox & Cook

Address 1003 N. Balto St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH [illegible]

Ward V C18153 Registered No. B C18153

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 232 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jerry Bishops

{ Residence, if in Baltimore, Give Street and Number. } 232 S. Durham.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR black

DATE OF BIRTH 1876

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bishop

(Address) 232 S. Durham

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 18th 1908 to Dec 25 1908

that I last saw h in alive on Dec. 23 1908,

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy and Exhaustion

(DURATION) 7 DAYS

Con'tributory (Primary.) Heart bris

6 months (DURATION) DAYS

(Signed) J. L. Winner M.D.

Address 308 S. Bway

Date 12-25 1908

Place of Burial Laurel Cem

Date Dec 26 1908

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 24 C18154 Registered No. B C18154

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1319 Anne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Ross

{Residence, if in Baltimore, Give Street and Number.} 1319 Anne St—

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 16 Jan 1907

AGE 1 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Gustav Ross

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Martha Ross.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Ross.

(Address) 1319 Anne St—

Filed 12/26 1908 BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 25 Dec 1908

I HEREBY CERTIFY, That I attended deceased from 25 Dec 1908 to 25 Dec 1908 that I last saw h alive on 25 Dec 1908 and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup.

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) few hours DAYS

(Signed) James Cooper M.D.

Address

Date 190

Place of Burial Cedar Hill

Date Dec 26 1908

Undertaker Jos. Stuntebeck

Address 1318 Light St.

1 P.W.S.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 18155

City of Baltimore, (No. 1220 Patapsco St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Althouse Henry Kemper.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: May (Month) 14 (Day) 1854 (Year)	
AGE: 49 years, 7 months, 25 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Henry Kemper.
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Unknown.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Salesman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Helen Kemper

(Address) 1220 Patapsco St

Filed 12/26 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 25 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Dec 25 1908 that I last saw h alive on " 24 1908, and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Chronic Pulmonary Tuberculosis

Unknown (DURATION) DAYS

Contributory General weakness

(DURATION) DAYS

(Signed) Chas. C. Conser M. D.

12/25 1908 (Address) 1113 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross R.C.	Dec 28 1908
UNDERTAKER	ADDRESS
Jos. Stumterdt	1318 Light

C181

H DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

RMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

RTIFICATE OF DEATH.

Registered No. B C18156

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

7o2 First Ave St.; Ward)

FULL NAME Frances J Lindsay

STATISTICAL PARTICULARS

Female

COLOR white

DATE OF BIRTH Apr (Month) 8 (Day) 1856 (Year)

AGE 52 years, — months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co. Md

FULL NAME OF FATHER Isaac Emmor

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jane Naylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Lindsay

(Address) 702 First Ave

Filed 12/26 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 26 1908

that I last saw h[illegible] alive on Dec 26 1908,

and that death occurred, on the date stated above, at 3-30 a.m. The CAUSE OF DEATH was as follows:

Carcinoma of Ovar (DURATION) about 2 yrs

Contributory Exhaustion (DURATION) DAYS

(Signed) M. F. Fair M.D.

Dec 26 1908 (Address) 1 E 24

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Y Da

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Marys Hampden

DATE OF BURIAL Dec 27

UNDERTAKER Wm E Chenoweth Son

ADDRESS 919 3rd Ave

to secure a full and correct record of Vital Statistics in the City of Baltimore.

ained, That whenever any person shall die in the said city it shall be the duty of sickness, or the Coroner, when the case comes under his notice, to furnish within other person superintending the burial, a certificate setting forth, as far as the same (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 18157

CERTIFICATE OF DEATH.

(Place of Death.) No. 2441 York Road St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Hilda Wilhelm

Residence, Give Street and Number, 2441 York Road

Duration of Residence in Baltimore, During life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH Apr 1 1906

AGE 2 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER Herbert Wilhelm

BIRTHPLACE OF FATHER (State or couuty) Balto Co - Md

MAIDEN NAME OF MOTHER Ella Painter

BIRTHPLACE OF MOTHER (State or county) Balto Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert Wilhelm

(Address) 2441 York Road

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 23 1908

that I last saw her alive on Dec 23 1908

and that death occurred, on the date stated above, at 8-20 P M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Measles (DURATION) 3 DAYS

(Signed) M. F. Finn M. D.

Address 12 E 25th

Date Dec 24 1908

Place of Burial St Marys Hampden

Date Dec 27 1908

Undertaker Jno E Townsend & Co

Address 919 3rd ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C18158 Registered No. C C18158

CERTIFICATE OF DEATH.

(Place of Death.) No. 603 Mc Elderry Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Custus Blackwell

Residence, Give Street and Number, 603 Mc Elderry St

Duration of Residence in Baltimore, 2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR Colored

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Washington D C

FULL NAME OF FATHER Lord Knows

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Billups

(Address) 603 Mc Elderry St. East

Filed 11/26 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 24 1908

that I last saw h alive on Dec 22 1908

and that death occurred, on the date stated above, at 5 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis Pulmonalis

(DURATION) 2 months

Contributory (Primary) Hemorrhage

(DURATION) 5 DAYS

(Signed) P. E. Lelly M. D.

Address 201 Lanvale St

Date December 24 1908

Place of Burial Asbury C

Date Dec 27 1908

Undertaker Mr J G Lackman

Address 1421 Mitchell St

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THE SAID CITY IT SHALL BE THE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C18159 Registered No. B C18159

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 S Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Elizabeth Klug

{ Residence, if in Baltimore, Give Street and Number. } 615 S Luzerne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 20th 1908

AGE: ..... years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William M. Klug

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Eltman

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Klug

(Address) 615 S. Luzerne St

Filed 12/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 28 1908

that I last saw h.. alive on Dec 23 1908

and that death occurred, on the date stated above, at 7— A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date Dec 27 1908

Place of Burial Cedar Hill Cem.

Date Dec. 26th 1908

Undertaker H. Sander Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cause comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C18160

Registered No. B C18160

11

CERTIFICATE OF DEATH.

(Place of Death.) No. Front of 2214 E Baltimore St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A Horstmann

{Residence, if in Baltimore, Give Street and Number.} 102 S Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 22nd 1847

AGE 61 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert Carlton

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Ann E. Lebb

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James D. Horstman

(Address) 102 S. Washington St.

Filed 12/26 8 1908

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease
Sudden

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) Fred Dennis M.D.

Address Corner Nees

Date Dec 26 08 190...

Place of Burial Oak Lawn Cem.

Date Dec 27 = 1908

Undertaker H. Sander & Son

Address 1710 Caulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C18161 — Registered No. B C18161

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 343 Rose St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine Bonds

{Residence, if in Baltimore, Give Street and Number.} Aborn Line

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Colored

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country)

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Landlens

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Watts

(Address) 343 Rose St

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7th 1908 to Dec 24th 1908

that I last saw h alive on Dec 24 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) about

(DURATION) DAYS

(Signed) J. D. Lightcap M.D.

Address 211 W. Lanvale St

Date Dec 25th 1908

Place of Burial Mt Auburn

Date Dec 26 1908

Undertaker Alex H Hingsley

Address 578 N. Eden 6.21

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C18162 Registered No. B C18162

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 417 Hall St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Daywicks

{Residence, if in Baltimore, Give Street and Number.} 417 Hall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH 1

AGE 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Henriette Madden

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bluebell B Daywicks

(Address) 417 State St

Filed 12/26 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from a Corone 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Martin M.D.

Corone

Address

Date Dec 26 1908

Place of Burial National

Date Dec 28 1908

Undertaker Alex H Ennoling

Address 708 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C18163 Registered No. B C18163

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Chas H & Lena Eney (baby)

{ Residence, if in Baltimore, Give Street and Number. } 120 W. 22nd Street

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Dec. 23, 1908

AGE: 0 years, 0 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Clarence H. Eney

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Laura Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence A Eney

(Address) 120 W 22nd St

Filed 12/26 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 23, 1908 190

I HEREBY CERTIFY, That I attended deceased from 3 a.m. Dec. 23 1908 to 11.45 p.m. Dec. 23 1908

that I last saw him alive on Dec. 23, 1908,

and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sub-Dural Haemorrhage.

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. T. Smith, Jr. M.D.

Address Hopkins Hospital

Date Dec. 24, 1908

Place of Burial Druid Ridge

Date Sat Dec 26th 1908

Undertaker Chas E Deuneh

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, 1015 ... Baltimore.

Ward 10 — C18164 — Registered No. B C18164

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 2606 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Selin

{ Residence, if in Baltimore, Give Street and Number. } 2606 Orleans st

Duration of Residence in Baltimore. 49 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Jos Sek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Fanny Jonyk

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Selin

(Address) 2606 Orleans st

Filed 12/26 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1908

I HEREBY CERTIFY, That I attended deceased from Nov 14 1908 to Dec 23 1908

that I last saw h.. alive on " 1908,

and that death occurred, on the date stated above, at 12.45 M. CAUSE OF DEATH (Secondary or Immediate)

Complication of Disease.

(DURATION) DAYS

Contributory (Primary.) Cardiac Stenosis

(DURATION) DAYS

(Signed) W J Russell M.D.

Address 1018 Ashland Ave

Date Dec 24-08 1908

Place of Burial Oak Hill

Date Dec 26 1908

Undertaker Frank Brack & Son

Address 1914 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C18165 Registered No. C C18165

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 216 West Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Valentine Ernst

Residence, Give Street and Number, 216 West Cross St

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: November 13th 1836

AGE: 72 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Tobias Ernst

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Catherine Wagner

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Ernst

(Address) 1006 S. Sharp St

Filed 12/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 23 1908

that I last saw him alive on Dec 22 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage

(DURATION) 5 DAYS

Contributory (Primary) Bronchial Asthma

(DURATION) 1½ DAYS

(Signed) Henry Wade Smith M. D.

Address 836 Lexington Bldg

Date Dec 23 1908

Place of Burial Western Cemetery

Date December 26th 1908

Undertaker F. B. Wagner

Address / Frederick Ave. Extd

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C18166 — Registered No. B C18166

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 825 N. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank M Miller

{Residence, if in Baltimore, Give Street and Number.} 825 N Schroeder St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR white

DATE OF BIRTH Augt 10 1908

AGE ..... years, 4 months, 15 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Miller

BIRTHPLACE OF FATHER (State or country) not Known

MAIDEN NAME OF MOTHER Barbara Kappel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Bonn

(Address) 825 N Schroeder St

Filed 12/26 1908

BARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec 18 1908 to Dec 25 1908

that I last saw him alive on Dec 24 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 7 DAYS

Con'tributory (Primary) Convulsions

one hour (DURATION) DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Dec 25 1908

Place of Burial Holy Redeemer Cemetery

Date DEC 27 1908 190

Undertaker Lilly and Geiler

Address 403 S. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. B C18167

C18167

CERTIFICATE OF DEATH. 179

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Murrell Carter

{ Residence, if in Baltimore, Give Street and Number. } Nursery & Childs Hospital

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 16 1907

AGE: 1 years, months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Basil Carter

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Gippith

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 12/26 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec 23 1908 to Dec 25 1908

that I last saw her alive on Dec 24 1908

and that death occurred, on the date stated above, at 5-50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion

(DURATION) Life DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. L. Bruton M.D.

Address 222 E. Lanvale St

Date Dec. 26 1908

Place of Burial Mt Olivet

Date Dec 27 1908

Undertaker Lowe Cook

Address 609 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 X

C18168

Registered No. B C18168

CERTIFICATE OF DEATH.

48

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aaron Redmond

{ Residence, if in Baltimore, Give Street and Number. } 724 S. Street Sparrows Point

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 48 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johns Hopkins Hospital

(Address)

Filed 12/26 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25" 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to Dec "25" 1908

that I last saw h-- alive on Dec 25 1908,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Gatch M.D.

Address Johns Hopkins Hospital

Date Dec 25 1908

Place of Burial Sparrows Point Md

Date DEC 27 1908 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C18169 — Registered No. B C18169

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name H. M. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1108 Harmony La

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR C

DATE OF BIRTH 1

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Johnson

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Lizzie Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Scribner

(Address) 1030 Lexington St

Filed 12/26 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 24 1908

that I last saw h[illegible] alive on Dec 23 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

1 yr (DURATION) DAY

Contributory (Primary.) Asthenia

[illegible] (DURATION) DAY

(Signed) H Norwood M.D.

Address 839 W Fayette St

Date Dec 24 1908

Place of Burial Mt Auburn

Date Dec the 27 1908

Undertaker C I Freebourne

Address 106 E Lexington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C18170 Registered No. C C18170

CERTIFICATE OF DEATH.

112

(Place of Death.) No. 1253 South Hare St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Jaworski

Residence, Give Street and Number, 1253 S Hare St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: Jacob Jankowski.

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Mary Redia.

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: Homer wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Jaworski.

(Address) 1253 S. Hare St

Filed 12/26 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1908 to Dec 24 1908

that I last saw her alive on Dec. 24th 1908

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cirrhosis of Liver

About two years (DURATION) DAYS

Contributory (Primary) Ascites

Several months (DURATION) DAYS

(Signed) E. J. Cole M. D.

Address 1534 Mt Royal ave

Date Dec. 25th 1908

Place of Burial St Stanislaus

Date Monday Dec 28th. 1908

Undertaker M. F. Sadowski.

Address 903 S. Ann St

Remarks

Ward 19 C18171 Registered No. B C18171

CERTIFICATE OF DEATH. 9V

(Place of Death.) No. 244 Bowers Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Eliza Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 244 Bowers Court.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Joseph Mitchell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emma Mitchell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Mitchell

(Address) 244 Bowers court

Filed 12/26 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. ~~22~~ 23 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1908 to Dec. 23 1908 that I last saw her alive on Dec. 20 1908, and that death occurred, on the date stated above, at 3:40 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchs Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Cold

(DURATION) DAYS

(Signed) E. C. Dickey M.D.

Dispensary Physician

Address Franklin Square Hospital

Date Dec. ~~22~~ 23 1908

Place of Burial Laurel Cemetery

Date Dec 27 1908

Undertaker Wm. H. Asher

Address 6 & G Little Rest

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 18172

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Letterbat

Residence, Give Street and Number, 403 S. Nonie St.

Duration of Residence in Baltimore, One year.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	30 years, months, days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Hungaria
FULL NAME OF FATHER	John Letterbat
BIRTHPLACE OF FATHER (State or county)	Hungaria
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or county)	Hungaria
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 12/26 1908

HARRY C. ANDREWS
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 25, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1908 to Dec. 25 1908 that I last saw him alive on Dec. 25 1908 and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia (Broncho-)
(Exhaustion)

(DURATION) 16+ DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) S. H. Streett, M. D.

Address Maryland General Hosp.

Date December 25, 1908.

Place of Burial St Peters

Date Dec 26th 1908

Undertaker John J. Fields

Address 1200 W. Lombard St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C 18173

C18173

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 2210 E Biddle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Gillen

Residence, Give Street and Number, 2210 E. Biddle St

Duration of Residence in Baltimore, about 57 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH 1

AGE 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Michael Debes

(Address) 2210 E. Biddle St.

Filed 12/26 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 24th 1908

I HEREBY CERTIFY, That I attended deceased from August 10th 1908 to December 24th 1908

that I last saw her alive on December 24th 1908

and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthenia & Exhaustion

(DURATION) 57 DAYS

Contributory (Primary) Gastric Carcinoma

(DURATION) Years Months DAYS

(Signed) Albert G. Fitzgerald M. D.

Address 1503 E. North Ave.

Date December 25th 1908

Place of Burial New Cathedral Cemetery

Date Dec. 28th 1908

Undertaker Henry Hoeck's Son

Address 1301 E. Eager St.

Remarks

THIS IS A PERMANENT RECORD.

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

C18174 Registered No. C 18174

CERTIFICATE OF DEATH.

128

(Place of Death.) No. 945 Ensor St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Ritter

Residence, Give Street and Number, 945 Ensor St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

[redacted] MARRIED, WIDOWED.

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: John Selig

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Henry Ritter

(Address) 945 Ensor St

Filed 12/26 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 25. 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 25. 1908 to Dec. 25. 1908

that I last saw her alive on Dec. 25. 1908

and that death occurred, on the date stated above, at 8 20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Anemia

(DURATION) DAYS

Contributory (Primary) Uterine Hemorrhage

(DURATION) 5 DAYS.

(Signed) J. J. Sebald M. D.

Address 1001 Aisquith St.

Date Dec. 26. 1908

Place of Burial Holy Redeemer Cemetery

Date Dec. 27 1908

Undertaker Henry Hook & Son

Address 1301 E. Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18175

114

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18175

City of Baltimore, (No. 932 E Eager St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma M. Dietz

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	78 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Mr. Etzel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Hesselein

(Address) No. 932 E. Eager St.

Filed 12/26 1908 BARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 14 1908 to December 24 1908

that I last saw h-er alive on December 25 1908,

and that death occurred, on the date stated above, at 3.30 A. M. The CAUSE OF DEATH was as follows:

Acute Catarrhal Jaundice

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) James M Fenton M. D.

Dec 26 1908 (Address) 710 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec. 29 1908
UNDERTAKER	ADDRESS
Henry Stocke Son	301 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...DEPARTMENT, City of Baltimore.

Ward 3 C18176 Registered No. B C18176

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1420 Block St, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Jours

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Annarundal Co

FULL NAME OF FATHER: William Jones

BIRTHPLACE OF FATHER (State or country): State Va

MAIDEN NAME OF MOTHER: Baca Boon

BIRTHPLACE OF MOTHER (State or country): Annarundal Co

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Day

(Address) Annarundal Co

Filed ... 190...

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25th, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1908 to Dec 25th 1908

that I last saw h ex alive on Dec 19th 1908

and that death occurred, on the date stated above, at 1 40A M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) Robt L Mitchell M.D

Address 2112 Maryland Ave.

Date Dec 25th, 1908

Place of Burial Mayothy Cem.

Date Dec 27th 1908

Undertaker John W. Henderson

Address 431 N. Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 18177

93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hosp. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward Hall

Residence, Give Street and Number, 1525 ~~Fountain St.~~ Fairmount Ave.

Duration of Residence in Baltimore, 40 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county): Easton Shore Md

FULL NAME OF FATHER: Edward Hall

BIRTHPLACE OF FATHER (State or county): Easton Shore md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Easton Shore md

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Hall

(Address) 1525 Fairmount Ave

Filed 12/26 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec 22 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 22 1908 that I last saw him alive on Dec 22 1908 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W. Cole Davis M. D.

Address St Josephs German Hosp.

Date Dec 23 1908

Place of Burial Locust Cemetery

Date Dec 27 1908

Undertaker John W Henderson

Address 3 N Caroline St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THIS IS A PERMANENT RECORD.

Ward 3

HEALTH DEPARTMENT, City of Baltimore. C18178

Registered No. C

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Cor. South & German St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Stein

Residence, Give Street and Number, 1024 Granby st

Duration of Residence in Baltimore, about 48 or 50 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female. | COLOR white

DATE OF BIRTH 1908

AGE 60 about years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Poland

FULL NAME OF FATHER Moses Samuels

BIRTHPLACE OF FATHER (State or county) Poland

MAIDEN NAME OF MOTHER Hannah Samuels

BIRTHPLACE OF MOTHER (State or county) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Stein

(Address) 1000 E. Lombard.

Filed Dec 26 1908 HARRY C. ANDREWS Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended ~~deceased from~~ about

..... 190 ... to ..... 190 .....

that I ~~last saw h~~ ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Lesions

..... (DURATION) ..... DAYS

Contributory (Primary) Aortic Regurg. ..... (DURATION) ..... DAYS

(Signed) ..... M. D.

Address M. Riley. Coroner

Date Dec 24. 1908

Place of Burial Hebrew Friendship Cemetery

Date Dec 27 1908

Undertaker J. Shreve & Co

Address 1607 Monument av

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to

...City of Baltimore. C18179

Ward 14 Registered No. B.....

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1618 W. Saratoga St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel S. Togne

{ Residence, if in Baltimore, Give Street and Number. } 1618 W. Saratoga St

Duration of Residence in Baltimore. 11 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 24th 1908

AGE: 29 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Carroll Co. Md

FULL NAME OF FATHER: Richard Togne

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Prudence Williams

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Davis

(Address) 1618 W. Saratoga St

Filed Dec 26 1908 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 24th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15th 1908 to Dec 24 1908

that I last saw h.. alive on Dec 24 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

1 year (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Jos. J. Hennig M.D.

Address St Paul & Mt Royal Ave, Baltimore Md

Date Dec 25th 1908

Place of Burial Westminster Hill and Rosedale MD

Date Dec 27 1908

Undertaker Wm Maurice Rowland

Address 231 E Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 18180

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 545 Dolphin St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Evans

Residence, Give Street and Number, 545 Dolphin St.

Duration of Residence in Baltimore, 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored

DATE OF BIRTH Unknown 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER Lunden Evans

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Dark Knud

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bibb

(Address) 1107 Dolphin

Filed 12/27 1908

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 25 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

Suddenly (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Silas Bartram M. D.

Address 700 N. Laf Ave (Corner)

Date Dec 26 1908.

Place of Burial Laurel Cemetery

Date Dec 27 1908

Undertaker J. A. Bibb

Address 1107 Dolphin St

Remarks .....

READ THE LAW PRINTED ON THE MARGIN. C18181 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 18181

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 139 N. Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta D. Mourickel

Residence, Give Street and Number, 139 N. Mosher Street

Duration of Residence in Baltimore, 91 years Mourickel

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 13th 1817

AGE: 91 years, ~ months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Charles Crook

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Charlotte Sellman

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Griffin Cox

(Address) 1222 N. Calvert St

Filed 12/27 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec. 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1908 to Dec. 24 1908

that I last saw her alive on Dec 24 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary ~~or Immediate,~~)

old age;

Interstitial Nephritis

(DURATION) 23 DAYS

Contributory (~~Primary~~) Paralysis

(DURATION) 23 DAYS

(Signed) Thomas L. Shearer M. D.

Address 103 W. Franklin St

Date Dec. 26 1908

Place of Burial Greenmount

Date Dec 27th 1908 190

Undertaker New Century Mon Co

Address 300 W Madison St

Remarks

Dr Thomas Shearer

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20

HEALTH DEPARTMENT, City of Baltimore.

C18183

Registered No. C C18182

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1931 W. Lexington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenz Birkenbach

Residence, Give Street and Number, 1931 W. Lexington St

Duration of Residence in Baltimore, 50 Years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1837

AGE: 71 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED~~. Widowed

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: do not know

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: do not know.

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Birkenbach

(Address) 1931 W. Lexington St

Filed 12/27 1908

HARRY C. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Nov 15. 1908 to Dec 25. 1908

that I last saw h~~im~~ alive on Dec 25. 1908

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

* Fracture of neck. (DURATION) 4 DAYS

Contributory (Primary) Senile debility. (DURATION) 5 days.

(Signed) [illegible] M. D.

Address 1735 Hollins St.

Date Dec 26. 1908.

Place of Burial Most Holy Redeemer

Date Dec 28th 1908

Undertaker New Jenkins Undertaking Co.

Address 308 W. Madison St.

Remarks Accidental fall on ice

403

Ward 15 C18183 Registered No. B C18183

$1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 N Stricker St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Herbert

{ Residence, if in Baltimore, Give Street and Number. } 1333 N Stricker St

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys Co

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): St Marys Co

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): St Marys Co

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Joseph Herbert

(Address) 1333 N Stricker St

Filed 12/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1908

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Dec 26 1908 that I last saw h[illegible] alive on Dec 24 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

1 Pneumonia

(DURATION) 1 DAYS

Contributory (Primary) Arterio-sclerosis

(DURATION) — DAYS

(Signed) Sykes & Sykes M.D.

Address 1134 Lenden Ave

Date Dec 26 1908

Place of Burial St Peters

Date Dec 29th 1908

Undertaker Lafaunce & Walsh

Address 2364 W Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C18184 Registered No. B C18184

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1319 Presstman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Bernard Conyer

{ Residence, if in Baltimore, Give Street and Number. } 1319 Presstman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Otho Conyer

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otho Conyer

(Address) 1319 Presstman St

Filed 12/27 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to Dec 26 1908 that I last saw h[illegible] alive on Dec 26 1908, and that death occurred, on the date stated above, at 9.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Failure of the Heart (DURATION) 12 hrs.

(Signed) Harry F. Brown M.D.

Address 1360 N. Stricker St

Date Dec 26, 1908

Place of Burial [illegible]

Date Dec 27 1908

Undertaker Hammond & Wyatt

Address 164 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C18185 Registered No. B C18185

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 778 Sarah Ann St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Johnson

{Residence, if in Baltimore, Give Street and Number.} 778 Sarah St.

Duration of Residence in Baltimore. 8 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alice Thomas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Thomas

(Address) 787 Sarah Street

Filed 12/27 1908 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Dec 26 1908

that I last saw her alive on Dec 25 1908.

and that death occurred, on the date stated above, at 2 am.

11. CAUSE OF DEATH (Secondary or ~~Immediate~~.)

Pneumonia

(DURATION) 3 DAYS

Con'tributory (~~Primary~~.) Measles

4 months (DURATION) DAYS

(Signed) Shepherd Dieen M.D.

Address 307 N Broadway

Date December 26 1908

Place of Burial Mt Auburn Cemetery

Date Dec 27. 1908

Undertaker R. St Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18186

Ward 10 C18186 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 713 North Spring St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of George and Levinia Jones

{Residence, if in Baltimore, Give Street and Number.} 713 North Spring St.

Duration of Residence in Baltimore. 12 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH December 13 — 1908

AGE — years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER George Jones

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Levinia ~~Jones~~ Fountain

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Jones

(Address) 713 N. Spring st

Filed 12/27 1908 HARRY C. ANDREWS, PERAIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 13 — 1908 to Dec. 25 — 1908 that I last saw him alive on Dec. 22 — 1908, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Parturition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. T. Smith, Jr., M.D.

Address Hopkins Hospital

Date Dec. 26 1908

Place of Burial Mt Jim Cemetery

Date Dec. 27. 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18187

Ward 18

C18187

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 105. N. Carey St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Gaither

Residence, Give Street and Number, 105. N. Carey.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 11th 1835

AGE 73 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Howerton Cross

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Susan Brall

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Crawford

(Address) 105. N Carey St

Filed 12/27 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1908 to Dec, 1908 that I last saw her alive on Dec 20th 1908 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

hemorrhage, pulmonary

few minutes (DURATION) DAYS

Contributory (Primary) tuberculosis

abt 6 mos (DURATION) DAYS

(Signed) R. B. Wenkin M. D.

Address 845 Park ave

Date Dec 26 12 1908

Place of Burial Woods Mills Howard Co Md

Date Dec 28 1908

Undertaker G. F. Maher

Address 723 N Lafayette ave

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C18188 Registered No. B C18188

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 602 Smith St. Howard L. Brown St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Howard L Brown

{ Residence, if in Baltimore, Give Street and Number. } 602 Smith St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 18 1885

AGE 22 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER George W. Brown

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Katie Schaffer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs K Brown

(Address) 602 Smith St

Filed 12/27 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from Feb 1 1908 to Dec 25 1908 that I last saw h-- alive on Dec 24 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 1 Year

(Signed) Wm J Kodin M.D.

Address 802 W. North Ave

Date Dec 26 1908

Place of Burial Greenmount Cemetery

Date Dec 27 1908

Undertaker Mrs A Robert Sons

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

98

CERTIFICATE OF DEATH.

Registered No. B C18189

City of Baltimore, (No. 1635 Gross Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Henry Ernst.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 6 1907 (Month) (Day) (Year)

AGE 1 years, 1 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Wm F Ernst

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Emma E Frank

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Williams Ernst

(Address) 1635 Gross Place

Filed 12/27 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 26 1908 that I last saw him alive on Dec 26 1908, and that death occurred, on the date stated above, at 1.00 A. M. The CAUSE OF DEATH was as follows:

Double Pneumonia

about (DURATION) 8 DAYS

Contributory Atelectasis (DURATION) 1 DAYS

(Signed) D H Schultz M. D.

Dec 26 1908 (Address) 150 N Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Emmanuel Luth Cem | DATE OF BURIAL Dec 28 1908

UNDERTAKER Wm A Rohde & Son | ADDRESS 720 Fulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C18190 — Registered No. C 18190

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 931 Linden Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hamburg

Residence, Give Street and Number, 931 Linden Ave

Duration of Residence in Baltimore, About 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Old age

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Bergamann

(Address) 931 Linden Ave

Filed 12/27 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 25 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate,)

Old Age & General Debility

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address 700 N. Lafayette Ave (Corner)

Date Dec. 25 1908

Place of Burial Green Mount Cemetery

Date Dec 28 1908

Undertaker H. C. Brauning & Son

Address 5. S. Poppleton St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If de US give "Sp

SEX

DATE

AGE

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Filed 12/2

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18191

Ward 14

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 1536 Division St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Martin

Residence, Give Street and Number, 1536 Division St.

Duration of Residence in Baltimore, 17 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): ~~Mass~~ Ireland.

FULL NAME OF FATHER: Patrick Martin

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Bridget Burk

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Martin

(Address) 1536 Division St

Filed 12/27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to 12/25 1908

that I last saw her alive on 12/24 1908

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Toxemia. Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Carcinoma of Uterus.

(DURATION) 2 yrs DAYS

(Signed) Arthur G. Barrett M. D.

Address 1631 Madison Ave

Date 12-25 1908

Place of Burial Baltimore Md.

Date Dec 28/908 190

Undertaker Woodcock

Address 502 E Fairmount

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C18192 Registered No. B C18192

CERTIFICATE OF DEATH.

144

(Place of Death.) No. Bay View Hospital Insane Department. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ..... Michael Smith

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 57 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Broom Maker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 12/27 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 24 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Dec. 24 1908 that I last saw h~~im~~alive on Dec - 24 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Glottis

..... (DURATION) ..... DAYS

Contributory (Primary.) Submaxillary cellulitis (DURATION) 4 DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Hospital

Date Dec - 25 1908.

Place of Burial Baltimore Cem

Date Dec 28/908 190

Undertaker Wm Cook

Address 528 Hartford

WM. J. C. DULANY CO., BALTIMORE.

Lamar Hollyday, Supt.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 22

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18193

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 608 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline M Langdeutty

Residence, Give Street and Number, 608 Hanover

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Conrad Hallar

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Dorothy Kenzel

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Langdeutty

(Address) 608 Hanover St

Filed 12/17 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 25 — 1908

I HEREBY CERTIFY, That I attended deceased from April 15 1908 to Dec 25 1908

that I last saw h.. alive on Dec 25 1908

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis. —

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Geo. A Strauss M. D.

Address 420 Hanover St

Date Dec. 25 1908

Place of Burial Loudenslak

Date Dec 27/08 1908

Undertaker Lou Cook

Address 50 E Fairmount

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C 18194

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2425 Francis St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Edward Brown

Residence, Give Street and Number, 2425 Francis St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Oct 11 th 1908

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. ——

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Chas. Brown

BIRTHPLACE OF FATHER (State or county) New York

MAIDEN NAME OF MOTHER Catherine F. Stoltzman

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Brown

(Address) 2425 Francis St

Filed 12/27 1908

BARRY O. ANDREWS, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 25 th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 th 1908 to Dec 25 th 1908

that I last saw him alive on Dec 25 th 1908

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Malnutrition

(DURATION) Life DAYS

Contributory (Primary) Exhaustion

(DURATION) ..... DAYS

(Signed) L. M. C. Parker M. D.

Address 1051 Ausonia St

Date Dec 26 th 1908

Place of Burial Baltimore

Date Dec 28/1908 1908

Undertaker Lowe Cook

Address 502 E Fayette

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

C18195

Registered No. C C18195

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 209 S Eden St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Abraham Meyer

Residence, Give Street and Number, 1214 Gough St-

Duration of Residence in Baltimore, 42 yrs Maryland

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Solomon Myers

BIRTHPLACE OF FATHER (State or couuty) Russia

MAIDEN NAME OF MOTHER Lena Zerkirsoff

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Myers

(Address) 1214 Gough St

Filed 12/27 1908

HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 26 - 1908

I HEREBY CERTIFY, That I attended deceased from

— 190 ..... to — 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide by Hanging

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Thomas Dudley Cannon M. D.

Address 320 h Greene St-

Date ..... 190 .....

Place of Burial Hebrew Hunting Run Cemetry

Date Dec 27, 1908

Undertaker M. H. Levinson

Address 620 N. Eden St

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

C18196

Registered No. C C18196

65

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 McElderry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Coleman

Residence, Give Street and Number, 1232 McElderry St

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Michael Farrell

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Bridelia Kelly

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Keeping House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1232 McElderry St

Filed 12/27 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 7 1908 to Dec 25 1908

that I last saw her alive on Dec 24 1908

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) 5 DAYS

Contributory (Primary) Cerebral

Softening (DURATION) ? DAYS

(Signed) Geo F. Taylor M. D.

Address 1254 N. Broadway

Date Dec 26 1908

Place of Burial Cathedral

Date December 28, 1908

Undertaker H. C. Weidefeld

Address 914 Eastern Ave. Balto.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased,*** and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 18197

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Backman

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR

DATE OF BIRTH

..... 1.....

AGE

.....years,.....months,.....days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

This is a copy of the stub - the original was misplaced some way. 4/Cert

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed

Dec 27 1908

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH

Dec. 21st 1908

I HEREBY CERTIFY, That I attended deceased from

..... 190 to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) ..... DAYS

Contributory (Primary).....

(DURATION) ..... DAYS

(Signed) W. E. Wilkinson M. D.

Address.....

Date December 1908

Place of Burial St Peters Cemetery

Date Dec. 27. 1908

Undertaker Wm M. Gaul Robbins

Address.....

Remarks See following certificate

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6th

Registered No. C 18197 64

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name T Lomas Buchanan

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1838

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Unknown

BIRTHPLACE (State or county) "

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Joseph's Hospital

(Address) N. Caroline St

Filed 12/27 1908

BARRY C. ANDREWS
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 21 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 1908 to Dec 21 1908

that I last saw him alive on Dec 21 1908

and that death occurred, on the date stated above, at 10 H. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H E Wilkinson M. D.

Address St Joseph's Hospital

Date December 21 1908

Place of Burial St. Peters

Date Dec 27 1908

Undertaker Wm H. Gaultney

Address 901 W. South St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C18198 Registered No. B C18198

CERTIFICATE OF DEATH. 154

(Place of Death.) No. Cheapside Ave near Liberty Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Kuhn

{ Residence, if in Baltimore, Give Street and Number. } Cheapside Ave.

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 19th 1816

AGE: 92 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles H Mills

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Rowles

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Hastine

(Address) North Carolina

Filed 12/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from Nov 24 1908 to Dec 25 1908 that I last saw her alive on Dec 23 1908, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Con'tributory (Primary.) old age

(DURATION) 31 DAYS

(Signed) John L. Heuck M.D.

Address 647 W. Lafayette Ave

Date Dec 25 1908

Place of Burial New Cathedral

Date Dec 27th 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C18199 Registered No. C C18199

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2417 Francis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dee

Residence, Give Street and Number, 2417 Francis St

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR white

DATE OF BIRTH ——— 1838

AGE 70 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Thomas Dee

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Margaret Hardigan

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia O'Connor

(Address) 2417 Francis St

Filed 12/27 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 26th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 22d 1908 to Dec 26 1908

that I last saw h[illegible] alive on Dec 22 1908

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) 4 DAYS

Contributory (Primary) ———

(DURATION) ——— DAYS

(Signed) J. S. Abbott M. D.

Address 211 W. Lanvale

Date Dec 28 1908

Place of Burial New Cathedral

Date Dec 28 1908

Undertaker Martin Fahey & Son

Address 646 Lafayette Ave

Remarks

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C16200

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 515 Jefferson St Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Jamison

Residence, Give Street and Number, 515 Jefferson St Court

Duration of Residence in Baltimore, 38 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR B

DATE OF BIRTH 1

AGE 49 years, months, days

~~SINGLE~~, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Andrew Dorsett

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Julia

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Dorsett

(Address) 515 Jefferson st court

Filed 12/27 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred Cornelius M. D.

Address Cornes Neck

Date Dec 26 1908

Place of Burial Albany Cemetery

Date Dec 27th 1908

Undertaker Chas H Bailey

Address 1421 Jefferson E.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B C18201

C18201

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 408 Bowers Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Henry Boone

{ Residence, if in Baltimore, Give Street and Number. } 408 Bowers Place

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1847

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah C Boone

(Address) 408 Bowers Place

Filed 12/27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25, 1908.

I HEREBY CERTIFY, That I attended deceased from Mch 1 1908 to Dec 24 1908

that I last saw h[illegible] alive on Dec 24 1908

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 424 — East 23 St

Date Dec. 26. 1908

Place of Burial Lowe Cemetery

Date Dec 28th 1908

Undertaker Chas G Bailey

Address 421 Jefferson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C18202 Registered No. B C18202

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Carter -

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black -

DATE OF BIRTH Dec. 19, 1908

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Meldre

(Address) 317 St Paul St

Filed 12/27 1908 BARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 26, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1908 to Dec. 24 1908 that I last saw him alive on Dec - 24 1908, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary Congenital Debility -

(DURATION) DAYS

(Signed) R. C. Gillis M.D.

Address 1519 N. Carolina St.,

Date Dec. 26, 1908

Place of Burial Catholic Cemetery

Date December 28 1908

Undertaker Reid Bros.

Address 1028 Haubarry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C18203 Registered No. C C18203

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 228 N Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Raffelman

Residence, Give Street and Number, 228 N Central Ave

Duration of Residence in Baltimore, 27 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 36 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER David Zelinsky

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Hannah Friedman

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Rosenblum

(Address) 228 N Central Ave

Filed 12/27 1908 HARRY C. ANDREAS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from \ 190 to \ 190

that I last saw h alive on \ 190

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Indigestion

Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Frederick Carlin M. D.

Address Coroner

Date Dec 27 1908

Place of Burial Hebrew Blair Rd

Date Dec 27, 1908

Undertaker Mark Linton

Address 626 McElderry st.

Remarks

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18204 Registered No. B

CERTIFICATE OF DEATH. C18204 119

(Place of Death.) No. 1425 Argyle av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Makel

{ Residence, if in Baltimore, Give Street and Number. } 1425 Argyle av

Duration of Residence in Baltimore. about 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1851

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Antone Robertson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Makel

(Address) 1425 Argyle av

Filed 12/27 1908

BARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Dec 25 1908

that I last saw her alive on Dec 1908,

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) 14 DAYS

(Signed) L R Adams M.D.

Address 923 N Carrollton av

Date Dec 26 1908

Place of Burial Annandel Co Md Water Berry Station

Date Dec 28 1908

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18205

Ward 11 — C18205 — Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Found on Lot at Winans Cor St — (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John J. Tierney

{Residence, if in Baltimore, Give Street and Number.} 1411 Riverside Ave

Duration of Residence in Baltimore. 61 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH April 25 1845

AGE 63 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Tierney

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Purcell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George J Tierney (Son)

(Address) 1411 Riverside Ave

Filed 12/27 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found dead Dec 26 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to 190

that I last ~~saw him~~ alive on 190

and that death occurred, on the date stated above, at ~~1~~ M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas M Feinhardt M.D.

Address Coroner

Date Dec 26 1908

Place of Burial Cathedral

Date Dec 28 190

Undertaker J M Cook

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B 016206

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 2007 Clifton Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gladys Schneider

{Residence, if in Baltimore, Give Street and Number.} 2007 Clifton Av.

Duration of Residence in Baltimore. Left Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: April 8 1905

AGE: 3 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Schneider

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Atlanta Olsen

BIRTHPLACE OF MOTHER (State or country): Denmark

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schneider

(Address) 2007 Clifton Av.

Filed Dec 27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-26 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1908 to Dec. 26 1908 that I last saw her alive on Dec. 25 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Lungs

(DURATION) 1 DAYS

Con'tributory (Primary.) Acute Nephritis (DURATION) 6 DAYS

(Signed) Roscoe C. Mehrl M.D.

Address 1903 W. North Ave

Date 12-26 1908

Place of Burial Trinity Cem.

Date Dec. 28th 1908

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C18207

28

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns. Hopkins. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1417. Mosher. St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 5 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Max. Hoffman.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Levine

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Max Hoffman

(Address) 1417 Mosher st

Filed Dec 27 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24th 1908 to Dec 27 1908

that I last saw him alive on Dec 27 1908,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis

(DURATION) DAYS

Contributory (Primary.) None

(DURATION) 3 DAYS

(Signed) E. V. Richardson M.D.

Address J. H. H.

Date 190

Place of Burial Hebrew Home & Rm

Date Dec 29 1908

Undertaker Max Levinson

Address 1620 to 1624 Eldorado St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the *cause and date of death*. notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C18208

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 434 Ensworth St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celia Schroeder

Residence, Give Street and Number, 434 Ensworth St.

Duration of Residence in Baltimore, 22 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F

COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Russia

FULL NAME OF FATHER: Baruch Rosenthal

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Rachel

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Schroeder

(Address) 132 Ensworth St

Filed Dec 27 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 27, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1908 to Dec 27 1908

that I last saw her alive on Dec. 27 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis

(DURATION) 7 DAYS

Contributory (Primary) Diabetes Mellitus

(DURATION) ? DAYS

(Signed) S. Coolman M. D.

Address 129 E. Broadway

Date Dec 27 1908

Place of Burial Hebrew Washington Rd

Date Dec 28, 1908

Undertaker Max Lipman

Address 1202 E Eldorado

Remarks

Ward 1 C18209 Registered No. B C18209

167

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Jail St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William W. Abbott

{Residence, if in Baltimore, Give Street and Number.} 2648 Boone st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black
DATE OF BIRTH	1
AGE	45 years, months, days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married.
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Abbott

(Address) 2648 Boone st

Filed 12/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1908 to Dec 27 1908

that I last saw him alive on Dec. 26 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

* Peritonitis

(DURATION) 1 DAYS

Con'tributory (Primary.) (Accidentally called- Fell in Jail

(DURATION) DAYS

(Signed) W. Miller Seamon M.D.

Address 1639 Broadway

Date Dec. 27 190

Place of Burial Laurel Cemetery

Date Dec 29 190

Undertaker R. A. Elliott Sons

Address 506 East St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C18210 — Registered No. C C18210

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Carter

Residence, Give Street and Number, 608 N. Stricker St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Fem. — COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: about eight ~~years~~ mos — years, 8 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Temple Carter

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Hattie Carter

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Carter

(Address) 608 Stockton

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 27th 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M.

CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baldwin M. D.

Address 700 W. Lafayette Ave

Date Dec. 27th 1908

Place of Burial Mt Auburn Cemetery

Date Dec 22 1908

Undertaker R. A. Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18211

64

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18211

City of Baltimore, (No. 1900 Asquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lisha Havard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Carman

(Address) 1900 Asquith st

Filed 12/28 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 26 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Dec 26 1908

that I last saw h[illegible] alive on Dec 26 1908,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) one DAYS

Contributory Atherosclerosis

(DURATION) ne DAYS

(Signed) T. E. Lilly M. D.

Dec 26 1908 (Address) 1009 Eastwell St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Dec 29 1908
UNDERTAKER	ADDRESS
R St Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C18212 Registered No. B C18212

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad Wolff

{Residence, if in Baltimore, Give Street and Number.} 1011 Chesapeake

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Sept 28 1845

AGE: 63 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Wolff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Hoffman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tanner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mina Wolff

(Address) 1011 Chesapeake St

Filed 12/28 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26th 1908

I HEREBY CERTIFY, That I attended deceased from Mar 29. 1906 to Dec 26. 1908 that I last saw h[illegible] alive on Dec 21. 1908 and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Syncope

death instantaneous.

(DURATION) 1 DAYS

Con'tributory (Primary.) Mitral Insufficiency

2 1/2 yrs (DURATION) ~~DAYS~~

(Signed) David W. Jones M.D.

Address 3116 O'Donnell St.

Date December 27th 1908

Place of Burial Mount Carmel Cem

Date Dec 29 1908

Undertaker Louis Heumann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C18213 Registered No. B C18213

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 708 E Fort Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary A Fogler

{Residence, if in Baltimore, Give Street and Number.} 708 E Fort ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 20 1849

AGE 59 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Dallo Md

FULL NAME OF FATHER Benjamin Huckells

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary A Hughes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(informant) Robert H. Fogler

(Address) 708 E Fort ave

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from Sept 1908 to Dec 25 1908

that I last saw her alive on Dec 25 1908

and that death occurred, on the date stated above, at 10 30 M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Liver

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. E. Bartlett M.D.

Address 1328 E Chase

Date Dec 26 1908

Place of Burial Mt Olivet

Date Dec 28 1908

Undertaker William J. Higdon

Address 851 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C18214 Registered No. B C18214

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George F Zeebo

{ Residence, if in Baltimore, Give Street and Number. } 14 E Randall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 26 1847

AGE 61 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George F Zeebo

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Lady-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Zeebo Clark

(Address) 14 E Randall St

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25 1908

I HEREBY CERTIFY, That I attended deceased from ~~1908~~ to ~~1908~~

that I last saw h~~im~~ alive on 1908

and that death occurred, on the date stated above, at 4:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo M Eichard M.D.

Coroner

Address

Date Dec 26 1908

Place of Burial Mount Olivet Cem

Date Dec 28th 1908

Undertaker C Schlosman & Son

Address 1029 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B C18215

City of Baltimore, (No. 1711 Maryland Ave, E. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert F. Philbin

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: White

DATE OF BIRTH: April (Month) 6th (Day) 1859 (Year)

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Frank Philbin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Madie Philbin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Funeral Director

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Philbin

(Address) 17.11 Maryland Ave

Filed 12/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 26th (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1908 to Dec 26th 1908 that I last saw him alive on Dec 26th 1908, and that death occurred, on the date stated above, at 3.15 a.m. The CAUSE OF DEATH was as follows:

Aortic Insufficiency

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Frederick L. Hill M.D.

Dec 26 1908 (Address) 2827 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec. 29 1908

UNDERTAKER: Geo. M. Frank

ADDRESS: 811 N Wolfe

WM. J. C. DULANY CO., BALTIMORE.

Ward 19 C18216 Registered No. B C18216

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1701 Thomas Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emilie M. Dietz

{Residence, if in Baltimore, Give Street and Number.} 1701 Thomas Ave

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 10 1875

AGE 33 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Bruno Monnethy

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Emilie Markan

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas L Dietz

(Address) 1701 Thomas Ave

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27" 1908

I HEREBY CERTIFY, That I attended deceased from Sept 30" 1908 to December 27" 1908 that I last saw her alive on December 26" 1908, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 9 months ~~DAYS~~

(Signed) H. E. Zepp M.D.

Address 3050 N. North ave

Date Dec 27" 1908

Place of Burial Greenden Park

Date Dec 29 1908

Undertaker Josiah Depew

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward XX

C18217

Registered No. B C18217

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jos Watts

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing.

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 24 1908

that I last saw h[illegible] alive on Dec 23 1908

and that death occurred, on the date stated above, at 3 Pm

a M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

— (DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) J W Bird — M.D.

Address University Hospital

Date Dec 24 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 26 1908 1908

Undertaker Commissioners Board, Per. Wm. E. WOODALL

Address FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27

Ward 14 C18218 Registered No. B C18218

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1546 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Gardner

{ Residence, if in Baltimore, Give Street and Number. } 1546 Argyle Ave

Duration of Residence in Baltimore. 12 Mo

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Blk

DATE OF BIRTH Dec 24 1907

AGE ..... years, ... months, 12 mo days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balt. Co

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Do

MAIDEN NAME OF MOTHER Martha Gardner

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. Smith

(Address) 1546 Argyle Ave

Filed 12/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Dec 25 1908

that I last saw h alive on Dec 25 1908

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(7 1/2 mos)

12 hrs (DURATION) DAYS

Contributory (Primary.) Asthenia

12 hrs (DURATION) DAYS

(Signed) E L Norwood M.D

Address 939 N Fayette

Date Dec 26 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 26 1908 1908

Commissioner Health,

Undertaker Per. Wm. E. WOODALL.

Address

JOHNS HOPKINS HOSPITAL ANATOMICAL PUR

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 J F

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 23

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18219

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 7. Park-dale Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Colvin Hubbs

Residence, Give Street and Number, 7. Park Dale Ave

Duration of Residence in Baltimore, 7 days

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 20 - 1908

AGE: years, months, 7. days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Wesley D. Hubbs.

BIRTHPLACE OF FATHER (State or county) Carroll Co. Md

MAIDEN NAME OF MOTHER Bertha B. Barggarly

BIRTHPLACE OF MOTHER (State or county) Warren Co Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wesley D Hubbs

(Address) 7 Park Dale Hubbs

Filed 12/28 1908

HARRY C. ANDRAE, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 27 1908 that I last saw him alive on Dec 26 1908 and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital Debility (DURATION) 7 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) H L Fair M. D.

Address 12 E. 25 St

Date Dec 27 1908

Place of Burial St Marys, Hampden

Date Dec 28 1908

Undertaker Wm E Chenoweth

Address 9193rd ave, Hon

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 Registered No. C 18220

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh McQuillan

Residence, Give Street and Number, 1227 Mullikin St.

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W

DATE OF BIRTH Nov 14, 1854.

AGE 54 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Hugh McQuillan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Anna King.

BIRTHPLACE OF MOTHER (State or county) Ireland.

OCCUPATION OF DECEASED Stock Driver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/28 1908 BARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 9 1908 to Dec 26 1908 that I last saw him alive on Dec 26 1908 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate,)

Cystitis

(DURATION) DAYS

Contributory (Primary) Hypostatic Pneumonia (DURATION) DAYS

(Signed) W. H. Baker M. D.

Address Bay View Hosp.

Date Dec 26 1908

Place of Burial Holy Cross

Date Dec 29 1908

Undertaker McGinnis & Carroll

Address 1227 Mullikin

Remarks

Ward 10 C18221 Registered No. B C18221

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1215 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leah D. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1215 E Madison St

Duration of Residence in Baltimore. 68 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 23 rd 1821

AGE: 87 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: Casper Souder

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Leah Bickerton

BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie B Constable

(Address) 1216 E Madison st

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 - 1908

I HEREBY CERTIFY, That I attended deceased from Dec 4 1908 to Dec 25 1908

that I last saw her alive on Dec 25 1908

and that death occurred, on the date stated above, at 9 AM

M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

(DURATION) 21 DAYS

Contributory (Primary.) General Debility

(DURATION) DAYS

(Signed) Geo. F. Young M.D.

Address 1735 N Broadway

Date Dec 26 - 1908

Place of Burial Baltimore Cemetery

Date December 28 th 1908

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C 18222

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Johnson

Residence, Give Street and Number, 1457 Parrish Alley

Duration of Residence in Baltimore, 4 yrs 8 ms.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 1457 Parrish al

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 25 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

S Lock

(DURATION) DAYS

Contributory (Primary) Accidental burns. (DURATION) 7 DAYS

(Signed) John Blackburn M. D.

Address 706 N. Laf Ave (Corner)

Date Dec 26 1908

Place of Burial Mt Auburn

Date Dec 29 1908

Undertaker Wm J. Johnson

Address 614 Baker st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

Registered No. C C18223

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 208 Arlington ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ursh Gourney

Residence, Give Street and Number, 208 Arlington ave

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	Colored

DATE OF BIRTH 1

AGE ..... 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Robert Price

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Sarah Steal

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Snowden

(Address) 208 N. Arlington Ave

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to Dec 26 1908

that I last saw h ee alive on Dec 24 1908

and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis (Chr.)

about two weeks (DURATION) ..... DAYS

Contributory (Primary) Arterio Sclerosis

(DURATION) ..... DAYS

(Signed) O. H. Frick M. D.

Address 712 S. Bond St

Date Dec 28 1908

Place of Burial Laurel Cemetery

Date Dec 28, 1908

Undertaker John H Toadvine

Address 142 W. Hill Street

Remarks .....

READ THE LAW PRINTED ON THE MARGIN — THIS IS A PERMANENT RECORD.

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18224

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 205 S. Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josepha Schaefer

Residence, Give Street and Number, 205 S. Broadway

Duration of Residence in Baltimore, 50 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F.

COLOR: W.

DATE OF BIRTH: 1

AGE: 69 years, ... months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Schaefer

(Address) 205 S. Broadway

Filed 12/28 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec - 26 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 — 1908 to Dec 26 — 1908

that I last saw h— alive on Dec 25 1908

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Angina Pectoris —

3 days (DURATION) DAYS

Contributory (Primary) Cardiac Insufficiency

Cardiac — (DURATION) DAYS

(Signed) Jos. E. Brunner M. D.

Address 125 N. Bond —

Date Dec — 27 — 1908

Place of Burial Holy Redeemer

Date Dec. 29 1908

Undertaker Randall Dippel & Son

Address 3[illegible] S. Ann[illegible]

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C18225 Registered No. B C18225

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 2200 Gough St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. McDonald

{ Residence, if in Baltimore, Give Street and Number. } 2200 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 = 1908

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Comm M.D.

Address 3202 Greene St

Date 190

Place of Burial London Park

Date Dec 28 190

Undertaker Randall Dippel & Co

Address 37 & Barrow

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18226 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1528 Carlton Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Price.

Residence, Give Street and Number, 1528 Carlton Ave.

Duration of Residence in Baltimore, Ireland 40 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	W.

DATE OF BIRTH 1

AGE 48 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Jas. Price

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Ireland.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Andrews

(Address) 1532 Carlton Ave.

Filed 12/28 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1908 to Dec 27 1908 that I last saw him alive on Dec 26 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) Geo F. Taylor M. D.

Address 1264 N. Broadway

Date Dec 27 1908

Place of Burial Mt Carmel

Date Dec. 28" 1908

Undertaker Randall & Sparks Co

Address 220 S Broad St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C18227 — Registered No. C C18227 18

CERTIFICATE OF DEATH.

(Place of Death.) No. 723 Hatherine ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H Mooney.

Residence, Give Street and Number, 723 Hatherine ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	W

DATE OF BIRTH: aug 9. 1863

AGE: 45 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED.~~

BIRTHPLACE (State or county): Albemarle Co Va

FULL NAME OF FATHER: Wm Mooney

BIRTHPLACE OF FATHER (State or county): N. Va

MAIDEN NAME OF MOTHER: Ann Madison

BIRTHPLACE OF MOTHER (State or county): N. Va

OCCUPATION OF DECEASED: Plain Tanner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno F. Trautmann

(Address) 723 Hatherine ave

Filed 12/28 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: December 27, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1908 to Dec 27, 1908 that I last saw him alive on Dec 26, 1908 and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Facial Erysipelas

(DURATION) 14 DAYS

Contributory (Primary) Acute Nephritis

(DURATION) — DAYS

(Signed) A. A. Etzwell M. D.

Address 1741 Harford ave

Date Dec. 29, 1908

Place of Burial Holy Cross

Date Dec 29 1908

Undertaker Robt Turner

Address 1442 N Broadway

Remarks

Ward 6 C18228 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 241 Friendship St. Waverly (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johanna Eisinger

{Residence, if in Baltimore, Give Street and Number.} 241 Friendship Str.

Duration of Residence in Baltimore. 51 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 16th 1830

AGE 78 years, 9 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Geo. Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sophie Eisinger

(Address) 241 Friendship St

Filed 12/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26th 1908.

I HEREBY CERTIFY, That I attended deceased from December 23rd 1908 to December 26th 1908

that I last saw her alive on December 26th 1908

and that death occurred, on the date stated above, at 4 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Senile Nephritis & Complete

Contributory (Primary.) (DURATION) 4 years DAYS

(Signed) Charles H. A. Meyer M.D.

Address 1031 N. Caroline Str.

Date Balto. Md. December 28th 1908.

Place of Burial Loudon Park

Date Dec 29 1908

Undertaker Robt T Turner

Address 1472 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. C 18229

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 N. Wolf St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara M. Caldwell

Residence, Give Street and Number, 1021 N. Wolf St.

Duration of Residence in Baltimore, 18 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Washington D. C.

FULL NAME OF FATHER: James A. Kyle

BIRTHPLACE OF FATHER (State or county): W. Va.

MAIDEN NAME OF MOTHER: Sarah Furrow

BIRTHPLACE OF MOTHER (State or county): Va.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Luther Caldwell

(Address) 1021 N. Wolf St.

Filed 12/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 27th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 21st 1908 to Dec 27th 1908

that I last saw her alive on Dec 26th 1908

and that death occurred, on the date stated above, at 12 30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas. B. Fisher M. D.

Address 830 E Broadway

Date Dec 28th 1908

Place of Burial Baltimore Cemetery

Date Dec 29 1908

Undertaker Henry Hoede & Son

Address 1301 E. Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. C 18230

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Jewish Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J Gleason Jr

Residence, Give Street and Number, — 1705 Mosher St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH —

AGE 28 (28) years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/28 1908 HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from Nov 30 1908 to Dec 27 1908

that I last saw him alive on Dec 27 1908

and that death occurred, on the date stated above, at 10:30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Phthisis

(DURATION) ..... DAYS

(Signed) W H Eaton M. D.

Address Baltimore Md.

Date Dec 27 1908

Place of Burial New Cathedral

Date Dec 29th 1908

Undertaker Martin Fahey & Sons

Address 1062 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 14 — C18231 — Registered No. C C18231 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Miller

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address) .....

Filed 12/28 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec. 27 1908

that I last saw him alive on " " 1908

and that death occurred, on the date stated above, at 9

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J. Martin M. D.

Address 1002 Wash Ave

Date Dec. 28 1908

Place of Burial Mt. Cathedral

Date Dec. 28 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C18232 Registered No. C C18232

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Gipson

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR Ch.

DATE OF BIRTH 1906

AGE years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 12/28 1908 BARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Dec. 27 1908

that I last saw h alive on " " 1908

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J. Martin M. D.

Address 1002 W Fal. Ave

Date Dec 27 1908

Place of Burial New Cathedral

Date Dec. 28 1908

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14

Registered No. C C18233

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margarit Richmond

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR Wh

DATE OF BIRTH 1904

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 12/28 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Dec. 26 1908

that I last saw h[illegible] alive on " " 1908

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M. D.

Address 1002 Whal. Ave

Date Dec 27 1908

Place of Burial Mount Faire P Cem

Date Dec 28 1908

Undertaker Martin Gahey & Son

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C18234 Registered No. C 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Minnick

Residence, Give Street and Number, St. Vincents Inf Asy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W.

DATE OF BIRTH 1905

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address) .....

Filed 12/28 1908 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Dec. 26 1908

that I last saw h... alive on 1908

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J. Martin M. D.

Address 1002 W Saf Ave

Date Dec 27 1908

Place of Burial Mt Cathedral

Date Dec 28 1908

Undertaker Martin Bailey Bros

Address 6 & Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C C18235

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 8 Hargeat Lane St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M. Thompson

Residence, Give Street and Number, 8 Hargeat Lane

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M	W

DATE OF BIRTH ..... 1 .....

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Wm A. Thompson

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER ~~Rose L. Hearn~~

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine M. Thompson

(Address) 8 Hargeat Lane

Filed 12/28 1905 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 27th 1905

I HEREBY CERTIFY, That I attended deceased from Dec 23rd 1905 to Dec 27th 1905 that I last saw him alive on Dec 26th 1905 and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Toxemia & overdistention of the right ventricle due to mechanical interference with respiration (DURATION) 24 hrs

Contributory (Primary) Lobar Pneumonia (DURATION) 7 DAYS

(Signed) E. J. Buckner M. D.

Address 1337 E North Ave

Date Dec 27th 1905

Place of Burial Loudon Park Dec 29 1905

Undertaker Wm Cook

Address 502 E. North Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18236

CERTIFICATE OF DEATH.

11 2

(Place of Death.) No. 55 Brick Hill (Woodbury) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Frederick

Residence, Give Street and Number, 55 Brick Hill

Duration of Residence in Baltimore, 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White

DATE OF BIRTH: September 1857

AGE: 51 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: John O Garrett

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mamie Gathmann

(Address) 55 Brick Hill

Filed 12/28 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Dec 26th 1908

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1908 to Dec 26 1908

that I last saw her alive on Dec 25th 1908

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary edema

(DURATION) 4 DAYS

Contributory (Primary) Cirrhosis of liver

Valv. Heart Disease (DURATION) 2 DAYS

(Signed) R L Newman M. D.

Address 3143 Chestnut Ave

Date Dec 27 1908

Place of Burial Parkton Md

Date Dec 29/08 1908

Undertaker Wm Cook

Address 502 E. North Ave

Remarks

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

Registered No. B C18237

City of Baltimore, (No. 103, 3d ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Earnest W Dennis

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept. (Month) 9 (Day) 1908 (Year)
AGE	— years, 3 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	John W. Dennis
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary M Herrman
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Sheet

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Dennis

(Address) 103 - 3rd Ave

Filed 12/28 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 28 1908 that I last saw him alive on Dec 26 1908, and that death occurred, on the date stated above, at 12 30 a.m. The CAUSE OF DEATH was as follows:

Chronic Endocarditis

Lapse (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) D. H. Smith M. D.

Dec 29 1908 (Address) 206 - 3rd ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
N.W. Peters Cemetery	Dec 29 1908
UNDERTAKER	ADDRESS
Spence Burgess	[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B C18238

8238

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1820 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Fuller Keyser

{ Residence, if in Baltimore, Give Street and Number. } 1820 St Paul St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 11 1853

AGE: 55 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Keyser

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elmira C. McNulty

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Coffee Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen V. Keyser

(Address) 1820 St Paul St.

Filed 12/28 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1908

I HEREBY CERTIFY, That I attended deceased from ~~Dec.~~ March 1908 to Dec. 26 1908 that I last saw h-- alive on Dec. 26 1908, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ac. Bright's

(DURATION) 3 mos DAYS

Contributory (Primary) Organic Heart disease (DURATION) 9 mos

(Signed) Lewis R. Palmer M.D.

Address 1021 Madison ave.

Date Dec. 27 1908

Place of Burial Greenmount

Date Dec 29 1908

Undertaker E. M. Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C18239 Registered No. B C18239

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1611 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Wilson Stuart

{ Residence, if in Baltimore, Give Street and Number. } 1611 W. Franklin St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Dec 4 1842

AGE: 66 years, months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Wm Wilson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Matilda Honeywell

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L Stuart

(Address) 1611 W. Franklin st

Filed 12/28 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from Aug 30 1908 to Dec 26 1908 that I last saw h er alive on Dec 26 1908, and that death occurred, on the date stated above, at 1.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

General Insanition & Cachexia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach. (DURATION) DAYS

(Signed) M.A. Winkler M.D.

Address 7421 W Fayette St

Date Dec 28 1908

Place of Burial New Cathedral

Date Dec 30 1908

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18240 Registered No. C C18240

324

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Baarschmidt

Residence, Give Street and Number, 1020 Sterling St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Apr 6 1896

AGE 12 years, 8 months, 21 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Peter M. Baarschmidt

BIRTHPLACE OF FATHER (State or county) Germany.

MAIDEN NAME OF MOTHER Mary A. Kupsick

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary A Baarschmidt

(Address) 1020 Augusta St

Filed Dec 28 1908 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 27 1908

I HEREBY CERTIFY, That I attended deceased from Jan 27 1908 to Dec 27 1908, that I last saw h[illegible] alive on Dec 26 1908 and that death occurred, on the date stated above, at 11 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Tuberculosis

with Ex Laustion

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E G Hall M. D.

Address St Josephs Hospital

Date December 27 1908

Place of Burial Holy Redeemer

Date December 29 1908

Undertaker Jos B Cook

Address 1003 N Balto St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C18241 Registered No. B C18241

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 259 W. 31 St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name, C. Edward Baker

{ Residence, if in Baltimore, Give Street and Number. } 259 W. 31 St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 10 1908
AGE	..... years, ... months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Howard Baker
BIRTHPLACE OF FATHER (State or country)	Balto Co Md
MAIDEN NAME OF MOTHER	Martha Hollingshead
BIRTHPLACE OF MOTHER (State or country)	Balto Co Md
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Baker

(Address) 259 W 31st

Filed 12/28 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Dec 28 1908

that I last saw him alive on Dec 24 1908,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility & Bronchitis (DURATION) 15 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) M. H. Farr M.D.

Address 12 E 25th

Date Dec 28 1908

Place of Burial Parkton Md

Date Dec 29 1908

Undertaker A. S. Marshall

Address 3539 Gold Road

Coroner

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 Registered No. B C18242

C18242

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 3343 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Minister

{Residence, if in Baltimore, Give Street and Number.} 3343 Chestnut Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 11th 1907

AGE 1 years, 9 months, 16 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael J. Minister

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Katie C Keefe

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. J. Minister

(Address) 3343 Chestnut Ave

Filed 12/28 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to Dec 27 1908 that I last saw him alive on Dec 27 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) DAYS

Contributory (Primary.) Laryngitis

Forcibly Diphtheria (DURATION) 2 DAYS

(Signed) R. B. Norment M.D.

Address 3343 Chestnut Ave

Date Dec 26th 1908

Place of Burial Mount Cathedral

Date Dec 29 1908

Undertaker W. S. Marshall

Address 5539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

OK G. D. J.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18243

C18243

53

CERTIFICATE OF DEATH.

Ward 14

(Place of Death.) No. 1439 Mt Royal Av St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Franklin Irving Hance

Residence, Give Street and Number, 1439 Mt. Royal Av

Duration of Residence in Baltimore, All Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: August 12th 1890

AGE: 18 years, 4 months, 8 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county): Rossville, Balto Co, Md

FULL NAME OF FATHER: Franklin L. Hance

BIRTHPLACE OF FATHER (State or county): Baltimore Md

MAIDEN NAME OF MOTHER: Sarah Owings

BIRTHPLACE OF MOTHER (State or county): Balto, Co. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah E. Sfranklin

(Address) 1439 Mt. Royal Av

Filed 12/28 1908

HARRY C. ANDREWS,
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Saturday Dec. 26th 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25th 1902 to Dec 26 1908

that I last saw h~~er~~ alive on Dec 26 1908

and that death occurred, on the date stated above, at 2.30 P M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure due to toxaemia resulting from Hodgkins disease

~~instantaneous~~ (DURATION) ~~DAYS~~

Contributory (Primary) Hodgkins Disease (DURATION) 2 years ~~DAYS~~

(Signed) Clement A Ferree M. D.

Address 216 Mt Royal Ave

Date Dec. 27th 1908

Place of Burial Green Mt. Cemetery

Date December 29th 1908

Undertaker Steward & Mowen Co

Address 215 Park Av.

Remarks

Dr Ferree 1 - 11 Mt Royal Av.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C18244

C-18244/3

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Dora Cohn

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Isaac Levi

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: .....

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Cohn

(Address) Indianola Miss.

Filed Dec 28 1908 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1908 1908

I HEREBY CERTIFY, That I attended deceased from Sept 27 1908 to Dec 28 1908 that I last saw h.. w alive on Dec 28 1908 and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

.....

Cerebral Hemorrhage

(DURATION) 12 DAYS

Contributory (Primary.) Nephritis

(DURATION) 2 DAYS

(Signed) Charles Naylor M.D.

Address Hebrew Hospital

Date 12/28/08 190

Place of Burial Hebrew Friendship

Date Dec 29 — 190 8

Undertaker Harry Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Harry Sondheim 923 Madison Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18245

Registered No. C 18245

CERTIFICATE OF DEATH.

(Place of Death.) No. 1354 Columbia, ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mordeca Buckingham,

{Residence, if in Baltimore, Give Street and Number.} 1354 Columbia, ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 27 1867

AGE: 41 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Sarah Buckingham

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Railroader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks & Son

(Address) 17 S Calhoun St

Filed 12/28 1908

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24, 1908

I HEREBY CERTIFY, That I attended deceased from May 1, 1907 to Dec. 24, 1908

that I last saw h sm alive on Dec. 26, 1908,

and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paresis.

(DURATION) 4 Years.

Contributory (Primary.) Unknown

(DURATION) ——— DAYS

(Signed) Albert J. Chambers, M.D.

Address 614 S. Paca, St.

Date December 28, 1908

Place of Burial Elkridge Md. E. Am

Date Dec 29 " 1908

Undertaker Robt Brooks & Son

Address Calhoun & Hollins, St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th Male White C18246 Registered No. B C18246

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1122 N. Mount Md Hom'pathic Hos. No 2 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Lange

{Residence, if in Baltimore, Give Street and Number.} 900 West Lombard St.

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 3rd 1864

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Lange

(Address) 900 N Lombard St

Filed 12/29 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 12 1908 to Dec. 26 1908 that I last saw h alive on Dec 26 1908, and that death occurred, on the date stated above, at 11.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

(DURATION) 60 DAYS

(Signed) Henry H. Weinberg M.D.

Address Md. Homeopathic Hos. Resident Physician

Date Dec. 27, 1908

Place of Burial Western Cemetery

Date Dec 29/ 1908

Undertaker N. S. Frink

Address 2113 N. Pratt St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 20 C18247 Registered No. B C18247

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 240 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Weisheit

{ Residence, if in Baltimore, Give Street and Number. } 240 N. Rose st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W
DATE OF BIRTH	Dec 12 1908
AGE ..... years, ... months, 15 days	
SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Richard F. Weisheit
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Hildia A. Weis
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard F. Weisheit

(Address) 240 N. Rose st

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1908 to Dec 27 1908 that I last saw her alive on " " 1908 and that death occurred, on the date stated above, at 1.6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton ave

Date Dec. 28 1908

Place of Burial Holy Redeemer

Date Dec. 29 1908

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. B C18248

C18248

CERTIFICATE OF DEATH.

18

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Eisenberg

{Residence, if in Baltimore, Give Street and Number.} 2308 E. Fayette St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1847

AGE 61 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR~~ DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Peter Eisenberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Eisenberg

(Address) 2308 E. Fayette st.

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 6th 1908 to Dec 27th 1908

that I last saw h[illegible] alive on Dec 27th 1908, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) F. Webb Griffith M.D.

Address Johns Hopkins Hospital

Date December 27th 1908

Place of Burial Loudon Park Cem.

Date Dec. 29 1908

Undertaker Jos. J. Steer

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C 18249

CERTIFICATE OF DEATH. '08

(Place of Death.) No. Walbrook Ave & 13th St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Edward Pheltz

Residence, Give Street and Number, Walbrook Ave & 13th St

Duration of Residence in Baltimore, Nearly Seventy years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 1 1833

AGE: 75 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Vermont

FULL NAME OF FATHER: John Phelps

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Almira Hart

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Phelps Jr

(Address) City Hall

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 27 1908

I HEREBY CERTIFY, That I attended deceased from July 1908 to Jan 26 1908

that I last saw h— alive on Jan 26 1908

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Weakness &

Valvular insufficiency —

Contributory (Primary) Senility & Confined (DURATION) 90 DAYS

Contributory (Primary) Senility & Confined (DURATION) a Year or ~~DAYS~~

Ward 10 C18250 Registered No. B C18250

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 739 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Norwood

{Residence, if in Baltimore, Give Street and Number.} 739 W Fayette St

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Dec 27 1825

AGE 83 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Hyattstown Montgomery Co Md.

FULL NAME OF FATHER Saml. Hyatt

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Purdey

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J D Norwood

(Address) 739 W Fayette St

Filed 12/29 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to Dec 28 1908

that I last saw h alive on Dec 28 1908,

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atheromatous

Degeneration Heart

and Arteries

8 yrs (DURATION) DAYS

Contributory (Primary.) Cystitis

2 mos (DURATION) DAYS

(Signed) J D Norwood M.D.

Address 739 W Fayette St

Date Dec 28 1908

Place of Burial London Park

Date December 30, 1908

Undertaker Geo F Smith Co

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C18251 Registered No. B C18251

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1115 McCulloh St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Kirkland

{ Residence, if in Baltimore, Give Street and Number. } 1115 McCulloh St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 9th 1846.

AGE 62 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER William Kirkland

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah Gillespie

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Kirkland Jr

(Address) 1115 McCulloh

Filed 12/29 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27th. 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1908 to Dec 27 1908

that I last saw h. im alive on Dec 26 1908,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Brights Disease of Kidneys

(DURATION) 30 DAYS

Con'rributory (Primary.) Valvular Heart Disease (DURATION) 60 DAYS

(Signed) J. W. Slater M.D.

Address 1703 W. Fayette St

Date Dec 27. 1908

Place of Burial London Park

Date Tuesday, 29 1908.

Undertaker Geo. L. Smyth Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C18252 Registered No. B C18252

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 2650 Borne St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Augustus Rice

{ Residence, if in Baltimore, Give Street and Number. } 2650 Borne St

Duration of Residence in Baltimore. Lifting

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED child

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Thomas B. Rice

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mattie P. Thomas

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas B Rice

(Address) 2650 Borne St

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26 1908 to Dec 27 1908 that I last saw h alive on Dec 27 1908, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

(DURATION) DAYS

Contributory (Primary.) Acute Suppression of urine (DURATION) DAYS

(Signed) J. S. Stevens M.D.

Address 1202 Druid Hill Ave

Date December 28 1908

Place of Burial Laurel Cem

Date Dec 29 1908

Undertaker Geo. H. Holland

Address 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C C18253

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 710 Pierce St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ferdinand Robinson

Residence, Give Street and Number, 710 Pierce St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR ed

DATE OF BIRTH ..... 1.....

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Herbert Robinson

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Essie Welsh

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Essie Welsh

(Address) 710 Pierce St

Filed 12/29 190 8 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 28, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1908, to Dec. 28, 1908

that I last saw him alive on Dec 28, 1908

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition (DURATION) ..... DAYS

Contributory (Primary) Arthritis deformans (DURATION) ..... DAYS

(Signed) H. Edw. Magruder M. D.

Address 922 Madeira Ave.

Date Dec. 29, 1908

Place of Burial Mt Auburn Cemt

Date Dec 30th 1908

Undertaker Geo. H. Holland

Address 1128 Argyle Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Cathedral St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Stewart.

{ Residence, if in Baltimore, Give Street and Number. } 1114 Cathedral St.

Duration of Residence in Baltimore. life

C18254

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Albert. Steward

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Hackely

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/29 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1908 to Dec 25th 1908

that I last saw h[illegible] alive on Dec. 24th 1908,

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Asthenia, Rickets

(DURATION) DAYS

(Signed) J. A. Chatard, M.D.

Address 15 W. Chase St.

Date Dec. 25th 1908

Place of Burial

Date DEC 28 1908 1908

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

JOHNS HOPKINS HOSPITAL
Commissioner of Health
Per Wm. H. WOODALL
FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18255

City of Baltimore, (No. 1384 Stockton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Pitts

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE 2 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER George Pitts

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Carr

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Pitts

(Address) 1384 Stockton St

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28th 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1908 to Dec 28th 1908 that I last saw him alive on Dec 28th 1908, and that death occurred, on the date stated above, at 1220 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 5 DAYS

Contributory Bronchopneumonia

(DURATION) 14 DAYS

(Signed) Geo. M. Lamenbacher M. D.

Dec 28th 1908 (Address) 635 Mosher St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Laurel | DATE OF BURIAL Dec 30 1908

UNDERTAKER Hammond & Knight | ADDRESS 1364 Mt Harvey

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C18256 Registered No. C C18256

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 N Stricker St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T. Hughlett

Residence, Give Street and Number, 532 N Stricker St

Duration of Residence in Baltimore, 43

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 24 1835

AGE: 73 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER Wm. Hughlett

BIRTHPLACE OF FATHER (State or couuty) Virginia

MAIDEN NAME OF MOTHER Margaret Mitchell

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Hughlett

(Address) 832 N Stricker St

Filed 12/29 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH DEC 27 1908 190

I HEREBY CERTIFY, That I attended deceased from DEC 27 1908 190 to DEC 27 1908 190

that I last saw him alive on DEC 27 1908 190

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

Heart (DURATION) DAYS

Contributory (Primary) Paralysis

Kidneys (DURATION) DAYS

(Signed) Ira L Fetterhoff M. D.

IRA. L. FETTERHOFF, M. D.

Address N. E. Cor. Lafayette & Carrollton Aves.,

Date DEC 27 1908 BALTIMORE, MD. U. S. A. 190

Place of Burial Kilmarnock Lancaster Co Va

Date Dec 29 1908

Undertaker Geo W Little

Address 531 N. Fremont Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C18257 Registered No. B C18257

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 2139 Herbert St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mr Mary Parker

{Residence, if in Baltimore, Give Street and Number.} 2139 Herbert St.

Duration of Residence in Baltimore. from young woman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 77 about years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Martin Canton

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Store keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Mackey

(Address) 2139 Herbert St.

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1908 to Dec 28th 1908

that I last saw her alive on Dec 27 1908,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 12 DAYS

Contributory (Primary.) Weakness of heart (DURATION) 3 DAYS

(Signed) E. C. Smith M.D.

Address 1605 N. North Ave.

Date Dec 28th 1908

Place of Burial St. Peters

Date Dec- 30th 1908

Undertaker Wm M Saulsbury

Address Watts & Linderman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — Registered No. C C18258 (C18258)

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 408 N Chapel St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Casper Behr

Residence, Give Street and Number, 408 N Chappel St

Duration of Residence in Baltimore, 44 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: January 12 1841

AGE: 67 years, 11 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Casper Behr

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph N Behr

(Address) 427 N Grove

Filed 12/29 190 8 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Dec 28 1908 that I last saw him alive on Dec 27 1908 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate,)

Arterio Sclerosis

Contributory (Primary) Exhaustion (DURATION) 2 DAYS

(DURATION) 1 DAYS

(Signed) G C B Wades M. D.

Address 1143 N Eutaw

Date Dec 28 1908

Place of Burial Holy Redeemer

Date December 30 1908

Undertaker Robt F Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, ***cause of death.***

Health Dept
Dr Wades

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 18259

City of Baltimore, (No 2500, St Paul St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John E. Enson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: W
DATE OF BIRTH: Aug (Month) ..... (Day) 1821 (Year)	
AGE: 87 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: W	
BIRTHPLACE (State or country): Balto Co	
FULL NAME OF FATHER: John B Enson	
BIRTHPLACE OF FATHER (State or country): Balto Co	
MAIDEN NAME OF MOTHER: Chilcoat	
BIRTHPLACE OF MOTHER (State or country): Balto Co	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Enson

(Address) 2500 St Paul St

Filed 10/29 1908

JAMES O. ANDREWS, DEPUTY CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1908 to Dec 28 1908

that I last saw h alive on Dec 27 1908,

and that death occurred, on the date stated above, at 4.30 M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) O H Pearce M. D.

Dec 29 1908 (Address) 2105 Eden st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Black Rock Mt	Dec 30 1908
UNDERTAKER: E G Weidefeld	ADDRESS: 2 E Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward 7 C18260 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 Wellesley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard A. Meinel.

{Residence, if in Baltimore, Give Street and Number.} 12 Wellesley St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct: 6th 1907

AGE 1 years, 2 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Meinl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Katherine Lehr.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Meinl

(Address) 12 Wellesley St

Filed 12/29 1908

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 19 1908 to Dec. 28 1908 that I last saw him alive on Dec. 28 1908, and that death occurred, on the date stated above, at 1:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Pneumonia, "Bronchial"

(DURATION) DAYS

Contributory (Primary.) Teething

(DURATION) DAYS

(Signed) John T. Ward M.D.

Address 1019 Edmondson Ave.

Date December 29 1908

Place of Burial Western Cem.

Date Dec: 30th 1908

Undertaker C. W. Dill

Address 810 Fredk ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If de... U... give... "S...

SEX

DATE

AGE

SINGLE, WI...OW

BIRTHP... (State o...

FULL N... OF FAT...

BIRTHP... OF FAT... (State or...

MAIDEN... OF MOT...

BIRTHP... OF MOT... (State or...

OCCUPA... OF DEC...

THE ABO... BEST O...

(Informa...

(A...

Filed 12/29

Ward 1 C18261 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David F. Hill

{ Residence, if in Baltimore, Give Street and Number. } 117 W. Hamburg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 1871 Dont know

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Hill

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Murray

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hill wife

(Address) 117 W Hamburg St

Filed 12/29 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) C. S. Reinhardt M.D.

Address Coroner

Date Dec 28 1908

Place of Burial New Cathedral Cemetery

Date Dec. 30th 1908

Undertaker James Dignan & Sons

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C18262 Registered No. C 62

CERTIFICATE OF DEATH.

(Place of Death.) No. 716. S. Wolfe St. Baltimore Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles W. Nelson

Residence, Give Street and Number, 716. S. Wolfe St.

Duration of Residence in Baltimore, 60 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Aug 25 1831

AGE 77 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Wilmington, Delaware

FULL NAME OF FATHER William C. Nelson

BIRTHPLACE OF FATHER (State or county) Scotland

MAIDEN NAME OF MOTHER Ellnora

BIRTHPLACE OF MOTHER (State or county) Spain

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W. Nelson Jr

(Address) 310 E. Lanvale St

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Sunday December 27th 2 30/m a.m 1908

I HEREBY CERTIFY, That I attended deceased from immediately after the Blizard February 1899 1900 to December 27th 1908 that I last saw him alive on December 26th 1908 P.M 2 30/m and that death occurred, on the date stated above, at 2 30/m A.M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy.

From December 26th 1908 a.m to above date Dec 27th 1908 a.m (DURATION) DAYS

Contributory (Primary) Muscular Rheumatism Chronic and Locomotor Ataxy (DURATION) Above DAYS

(Signed) C. W. Chute M. D.

Address 600 S. Wolfe St.

Date December 27th 1908

Place of Burial Mt. Carmel Cem

Date Dec 29 1908

Undertaker A. Standiford Son

Address 1710 Eastern Ave

Remarks

BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY

Ward ..... C18263 Registered No. B..... 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 S. Rose St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Amburg

{ Residence, if in Baltimore, Give Street and Number. } 709 S Rose

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 25th 1908

AGE ..... years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Amburg

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Barbara Freshour

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Amburg

(Address) 709 S. Rose St.

Filed 12/29 1908 HARRY C. ANDREWS, Registrar

CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Dec 27 1908

that I last saw her alive on Dec 27 1908

and that death occurred, on the date stated above, at 9:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 3 DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) O. L. Long M.D.

Address 2729 Fait Ave

Date Dec 29 1908

Place of Burial Trinity Cem

Date Dec 29 1908

Undertaker L. Landau Son

Address 710 Landau Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. ...

CERTIFICATE OF DEATH.

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(Place of Death.) No. ~~663 Sterling~~ City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Dougherty

{ Residence, if in Baltimore, Give Street and Number. } 663 Sterling St

Duration of Residence in Baltimore. Life C 18264

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1 —

AGE: 49 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. F. Dougherty

(Address) 527 N. Wolfe St

Filed 12/29 1908 HARRY O. ANDREWS, PARKIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 28th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 18th 1908 to Dec. 28th 1908 that I last saw h[er] alive on Dec. 27th 1908, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia

(DURATION) 3 DAYS

Con'tributory (Primary.) Cardiac Asthenia

(DURATION) 2 DAYS

(Signed) A. F. Rice M.D.

Address 213 S. Broadway

Date December 28th 1908

Place of Burial Cathedral Cemetery

Date DEC 30 1908 190...

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B C18265

City of Baltimore, (No. 1200, W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Saffh

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Stroff

(Address) 1322 S. Carey st.

Filed 12/29/08

HARRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16th 1908 to Dec. 28 1908 that I last saw h[illegible] alive on Dec 27th 1908, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. W. Webner M. D.

Dec 28th 1908 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 30th 1908
UNDERTAKER	ADDRESS
H. W. Lewin Sons & Co	647 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C18266 Registered No. C [illegible] 41

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 Dawson Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Parker

Residence, Give Street and Number, 214 Dawson Alley

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: William Parker

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Sarah Steward

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Parker

(Address) 214 Dawson alley

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 26 1908

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Dec 26 1908

that I last saw h im alive on Dec 24 1908

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) (?) DAYS

Contributory (Primary) Carcinoma of Peritoneum

(DURATION) (?) DAYS

(Signed) H S M Caud M. D.

Address 2007 O'Dell Ave

Date Dec 28 1908

Place of Burial Laurel Cemetery

Date December 29 1908

Undertaker John H. Toadvine

Address 1421 W. Hoe Street

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ....

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 326 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanna Murray

{Residence, if in Baltimore, Give Street and Number.} 326 Park ave

Duration of Residence in Baltimore. Life

C 18247

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Murray

(Address) 326 Park ave

Filed 12/29 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1908 to Dec 27th 1908 that I last saw h[er] alive on Dec 27th 1908, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

about 6 hours (DURATION) DAYS

Contributory (Primary.) Diabetes

several years (DURATION) DAYS

(Signed) Elsbrach M.D.

Address 607 E Chase St

Date Dec 28th 1908

Place of Burial Cathedral

Date Dec 30 1908

Undertaker Wm J Schilling

Address 98 Popplewell ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18268

City of Baltimore, (No. 1708, Mulberry St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Agnes Griffin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. (Month) 7 (Day) 1867 (Year)

AGE: 41 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Fahey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Katherine Larkin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Griffin

(Address) 1708 W Mulberry

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 27 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 27 1908 that I last saw her alive on Dec 27 1908, and that death occurred, on the date stated above, at 11:30 A.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Lower lobes of right & left lungs)

11 (DURATION) DAYS

Contributory Lobar Pneumonia

(DURATION) 11 DAYS

(Signed) J. Harris Cannon M. D.

Dec 27 1908 (Address) 401 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: 12/30 1908

UNDERTAKER: M Cadogan — ADDRESS: 696 W Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B C18269

CERTIFICATE OF DEATH.

(Place of Death.) No. 1929 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A Ehrman

{ Residence, if in Baltimore, Give Street and Number. } 1929 E Monument St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: March 29 1888

AGE: 20 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles A Ehrman

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary V Tighe

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Master Mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Smith

(Address) 1929 E. Monument St

Filed 12/29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27/ 1908

I HEREBY CERTIFY, That I attended deceased from April 07/ 1908 to date 1908

that I last saw him alive on 12/27/ 1908,

and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dr Lawton

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 18 Mos. DAYS

(Signed) H. G. Ritchie M.D.

Address 2204 E. Monument St

Date 12/ 27/ 1908

Place of Burial Baltimore County

Date Dec. 30. 1908

Undertaker Wm Schaeffer

Address 8 S Front St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. C 18270

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 E. Charles St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Bodenburg

Residence, Give Street and Number, 1133 E. Charles St.

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: white

DATE OF BIRTH: Nov. 16 1861

AGE: 47 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Singer

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Chas. Frd. Bodenburg.

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Bodenburg.

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Bodenburg

(Address) 1133 E. Charles St.

Filed Dec 29. 1908 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1908 to Dec 28 1908

that I last saw her alive on Dec 28 1908

and that death occurred, on the date stated above, at 7:55 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Uraemia

(DURATION) 3 DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) 14 DAYS

(Signed) Robt F. Leicht M. D.

Address 1318 E. Charles St.

Date Dec 29 1908

Place of Burial London Park Cemetery

Date Dec 30 190.

Undertaker D. and M. E. Flynn

Address 42 & West St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C18271

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 N. Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Smith

{ Residence, if in Baltimore, Give Street and Number. } 209 N. Bond St

Duration of Residence in Baltimore. 40 years

C 18271

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cabinet-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Smith

(Address) 209 N Bond St

Filed 12/29 1908 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec 2 1908 to Dec 28 1908

that I last saw him alive on Dec 28 1908,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Gen. debility

..... (DURATION) ..... DAYS

(Signed) Benj. D. Hayden M.D.

Address 212 N. Caroline St

Date Dec 29 1908

Place of Burial Western Cemetery

Date Dec 30 1908

Undertaker Chas. F. Evans

Address 118 N. Mt. Royal

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 018272

City of Baltimore, (No. 755 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Davis Tennant

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Jan 2 1842 (Month) (Day) (Year)
AGE	66 years, 11 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Thomas Tennant
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Caroline Davis
BIRTHPLACE OF MOTHER (State or country)	Cecil Co. Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Gardner

(Address) 755 W. Fayette St.

Filed 12/29 1908 BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1908 to Dec 28 1908

that I last saw her alive on Dec 28 1908

and that death occurred, on the date stated above, at 10 7 P.M. The CAUSE OF DEATH was as follows:

Marasmus

Had been sick of and

ill for a long time (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) B. F. Hewson M. D.

Dec 29 1908 (Address) 607 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Dec 30 1908
UNDERTAKER	ADDRESS
Wm. B. Brothers	428 Frederick

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Baker.

{Residence, if in Baltimore, Give Street and Number.} 1421 3 Allison Hayes - Hampden

Duration of Residence in Baltimore. 30 days C18273

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 12 1903,

AGE 5 years, months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER W. M. Baker

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Elizabeth Nelson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/29 1908 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock.

Resulting from

Accidental Burns

(DURATION) DAYS

Contributory (Primary.) Burns 8

2nd degree (DURATION) 3½ DAYS

(Signed) Charles Smithson M.D. Coroner

Address 1800 W. Chase St

Date Dec 29 1908.

Place of Burial Warrenton Va

Date Dec 31 - 1908

Undertaker John E. Thurnwald Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C18274

Ward 24 Registered No. C 61

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Powell

Residence, Give Street and Number, 812 E Fort Ave

Duration of Residence in Baltimore, C18274

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female. COLOR: White.

DATE OF BIRTH: June 2nd 1906

AGE: 2 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Sing.

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Ralph E. Powell

BIRTHPLACE OF FATHER (State or county): New Castle Pa.

MAIDEN NAME OF MOTHER: Maria A. Fritzges

BIRTHPLACE OF MOTHER (State or county): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph E. Powell

(Address) 812 E. Fort ave

Filed Dec 29 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Dec 29 1908

that I last saw h[illegible] alive on Dec 29 1908

and that death occurred, on the date stated above, at 850 a.m.

CAUSE OF DEATH (Secondary or Immediate,)

Septic Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Meningitis

(DURATION) 26 DAYS

(Signed) J. W. Bird M. D.

Address University Hospital

Date Dec. 29 1908

Place of Burial Holy Redeemer Cemetery

Date Dec 31st 1908

Undertaker Lilly and Feiler

Address 403 S. Wolfe St.

Remarks

Ward.....

Registered No. C[illegible]

CERTIFICATE OF DEATH.

112

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Glance

Residence, Give Street and Number, —

Duration of Residence in Baltimore, — C18275

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: M.

BIRTHPLACE (State or county): Ind.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Can maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed Dec 29. 1908 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from Nov 27 1908 to Dec 28 1908

that I last saw him alive on Dec 28 1908

and that death occurred, on the date stated above, at 5.45 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Coma

(DURATION) ..... DAYS

Contributory (Primary) Cirhosis of Liver

Traumatic (DURATION) ..... DAYS

(Signed) E. K. Baker M. D.

Address Bay View Hospital

Date Dec 29 1908

Place of Burial Mt Carmel

Date Dec. 30 1908

Undertaker Lilly & Fuller

Address 403 S Wolfe St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C18276 C18276

Ward D Registered No. B 53

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Orphan Asylum Baltimore 18276 Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Kaplan

{Residence, if in Baltimore, Give Street and Number.} 1131 E Lombard

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR White

DATE OF BIRTH 1

AGE 03 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Louis Kaplan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Miller

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Baroda

(Address) 1400 Ashland Ave

Filed Dec 29 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar

See back

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-29- 1908

I HEREBY CERTIFY, That I attended deceased from Nov 30 1908 to Dec 29 1908 that I last saw h[illegible] alive on Dec 29 1908, and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

N. P. Burtis

(DURATION) 14 DAYS

Contributory (Primary.) Leukemia

(DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date 12-29-1908 190

Place of Burial Hebrew Boundary Cemetery

Date Dec 30 1908

Undertaker Max Levinson

Address 1620 N. Eden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 18276

State of Maryland } 85
Baltimore City }

Personally appeared before me a Subscriber a Justice of the Peace for the ~~State of~~ Maryland and in and for the City of Baltimore Abraham Caplan and made Oath in due ~~for~~ of Law that he is the Son of Emma Caplan who died on the 29th day of December 1908. and that in the Certificate of death the Name was given as Annie Traplin, but should be Emma Caplan, and that her age is 63 years and not 73 years.

Henry Stark J.P.

HEALTH DEPARTMENT, City of Baltimore.

C18277 3 — C18277

Ward 3 — Registered No. B C18277

CERTIFICATE OF DEATH. 79

(Place of Death.) No. Hebrew Hospital Baltimore St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Simon Goodman

{Residence, if in Baltimore, Give Street and Number.} 1024 Gaughty St.

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR White

DATE OF BIRTH 1

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Yoanita Goodman

BIRTHPLACE OF FATHER (State or country) Russian

MAIDEN NAME OF MOTHER Emil Rosenberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Wankamsky

(Address) 716 Eden st.

Filed Dec 29 1908 HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Dec 29 1908 that I last saw h-- alive on Dec 29 1908, 2.30 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) / DAYS

Contributory (Primary.) Mitral Stenosis (DURATION) 2 yrs DAYS

(Signed) L. F. Steindler M.D.

Address Hebrew hospital

Date 12/29/08. 190

Place of Burial Hebrew Boardale Cemetry

Date Dec. 30, 1908

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18278

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C18278

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. House of the Good Shepherd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Donnelly

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: — (Month) 1 (Day) (Year)

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Donnelly

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Sarah Donnelly

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister of Good Shepherd

(Address)

Filed Dec 29 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 29th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1908 to Dec 29th 1908 that I last saw her alive on Dec 28th 1908, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Facial Erysipelas

One Week (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. J. Michaud M. D.

1908 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cem	Dec 31 1908
UNDERTAKER	ADDRESS
Jno J Flaherty Son	1222 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C18279 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C 018279

CERTIFICATE OF DEATH.

M

(Place of Death.) No. 1523 Lemon St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name alexander Talbott.

Residence, Give Street and Number, 1523 Lemon

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) +

FULL NAME OF FATHER +

BIRTHPLACE OF FATHER (State or county) +

MAIDEN NAME OF MOTHER +

BIRTHPLACE OF MOTHER (State or county) +

OCCUPATION OF DECEASED +

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) +

(Address) +

Filed Dec 30 1908 HARRY O. ANDERSON Registrar. PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 27. 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Probably Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Herbert C Blake M. D.

Address 1014 W Lafayette

Date Dec. 28. Coroner 1908

Place of Burial Mt. Zion Cemetery

Date Dec. 30th. 1908 1908

Undertaker A. Jones

Address 216 S. Stricker st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C18280 — Registered No. B C18280

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 112 N. Hamburg St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John W Brown

{Residence, if in Baltimore, Give Street and Number.} Lifetime 112 N Hamburg St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Black~~ Male — COLOR White

DATE OF BIRTH June 15 1855

AGE 53 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas. Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Cudley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Iron Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Brown

(Address) 112 N. Hamburg St

Filed 12/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec 28 1908 that I last saw h alive on Dec 26 1908, and that death occurred, on the date stated above, at ~~a~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral Regurgitation

Cirrhosis (DURATION) 2 yrs

Contributory (Primary.)

Pneumonia (DURATION) 10 DAYS

(Signed) Harry Boyd M.D.

Address 602 Eutaw

Date Dec 29 1908

Place of Burial Baltimore Cemetery

Date Dec 30 1908

Undertaker William H. Higdon

Address 851 Lombard ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. B C18281

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 923 N. Howard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Armstead Carter

{Residence, if in Baltimore, Give Street and Number.} 923 N. Howard St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1838

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Dont Know.

OCCUPATION OF DECEASED: Drayman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Bishop

(Address) 1107 S. Hill St

Filed 12/30 1908

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Decbr 28th 1908.

I HEREBY CERTIFY, That I attended deceased from Dec 26 1908 to Dec 28 1908.

that I last saw h[illegible] alive on Dec 26 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia (DURATION) 7 DAYS

Contributory (Primary.)

Bronchitis (DURATION) 14 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 N. North Ave.

Date Balto Dec 29th 1908

Place of Burial Mt Auburn Cemy

Date Dec 30 1908

Undertaker J. A. Bishop

Address 1107 W Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

X

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C18282 *Registered No. B* C18282

CERTIFICATE OF DEATH

(Place of Death.) *No.* Carlton Hotel or Boarding House *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Davidson

{ *Residence, if in Baltimore, Give Street and Number.* }.....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH 1	
AGE 30 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thomas Sudler Cramer M.D.

Address 320 N Greene St.

Date ..... 190....

Place of Burial .....

Date DEC 29 1908 190....

Undertaker .....

Address .....

JOHNS HOPKINS HOSPITAL
Commissioners Weekly
Per. Wm. E. WOODALL
FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C18283 Registered No. C 18283

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Rhoderick

Residence, Give Street and Number, 24 N. Gilmor

Duration of Residence in Baltimore, 2 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: Mar 2, 5 1840

AGE: 68 years, 9 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Philip Rhoderick

BIRTHPLACE OF FATHER (State or county): Don't know

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or county): Don't Know

OCCUPATION OF DECEASED: Engineer B. R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eviace. Barton

(Address) 24 N. Gilmor

Filed 12/30 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 28 1908

that I last saw him alive on Dec 28 1908

and that death occurred, on the date stated above, at 11-45 M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia

Contributory (Primary) Bright disease (DURATION) DAYS

(Signed) Walter A Coe M. D.

Address 543 Fulton Ave

Date 12-30 1908

Place of Burial Loudon Park

Date Dec 31 1908

Undertaker Gus Weber

Address 1155 N. Carey

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C18284 Registered No. C [redacted]

CERTIFICATE OF DEATH.

C18284 64

(Place of Death.) No. 1312 N. Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Wolfe

Residence, Give Street and Number, 1312 N. Fulton ave

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR white

DATE OF BIRTH 1868

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Wm Bauchardt

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew A. H. Wolfe

(Address) 1312 N. Fulton ave

Filed 12/30 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 29th 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1908 to Dec 29 1908

that I last saw h alive on Dec 29 1908

and that death occurred, on the date stated above, at 2.28 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy -

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J Thomas Hilson M. D.

Address 1103 N. Fulton Ave

Date Dec 29 1908

Place of Burial Western Cemetery

Date Dec 31st 1908

Undertaker Geo. Weber

Address 1133 N. Carey St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18285

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C18285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 3503 Walbrook ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Welcome White.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 22 1826 (Month) (Day) (Year)

AGE 82 years, 0 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Vermont

FULL NAME OF FATHER Daniel White

BIRTHPLACE OF FATHER (State or country) Mass.

MAIDEN NAME OF MOTHER Mary Durant

BIRTHPLACE OF MOTHER (State or country) Mass

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wallace White

(Address) 3503 Walbrook Ave

Filed 12/30 1908

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21 1908 to Dec. 28 1908 that I last saw him alive on Dec. 28 1908, and that death occurred, on the date stated above, at 8:20 P. M. The CAUSE OF DEATH was as follows:

Slight Stroke Paralysis stroke 2 yrs. ago — slight stroke 26th Dec. — Bronchitis, which developed into Capillary (DURATION) 2 DAYS

Contributory age, & suffocation. (DURATION) one DAYS

(Signed) Joan Brown M. D.

Dec 29 1908 (Address) 375 N. Paca St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lorraine Cem — DATE OF BURIAL: Dec 30 1908

UNDERTAKER: W. J. Tokner & Sons — ADDRESS: 425 N. Gaudeu

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C18286 — Registered No. B C18286

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1735 Thomas Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George R ~~Beauchamp~~ Beauchamp

{Residence, if in Baltimore, Give Street and Number.} 1735 Thomas Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH March 1st 1908

AGE 31 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George R Beauchamp

BIRTHPLACE OF FATHER (State or country) Caroline Co Md

MAIDEN NAME OF MOTHER Josephine Patterson

BIRTHPLACE OF MOTHER (State or country) Jersey City

OCCUPATION OF DECEASED Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R. Beauchamp Father

(Address) 1735 Thomas ave

Filed 12/30 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from Oct 20 1908 to Dec 27 1908

that I last saw h~~im~~ alive on Sunday 27 Dec 1908

and that death occurred, on the date stated above, at 9-20 P M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary) Hemorrhage

(DURATION) DAYS

(Signed) J Thomas Nelson M.D.

Address 1103 N Fulton Ave

Date Dec 29 1908

Place of Burial LOUDON PARK

Date DEC 30 1908

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C18287 Registered No. C 18287

CERTIFICATE OF DEATH.

1506

(Place of Death.) No. 1334 James St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ratcliffe

Residence, Give Street and Number, 1334 James St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 8 1908

AGE: — years, 3 months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: John C. Ratcliffe

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Annie E. Smith

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks & Son

(Address) 11 S. Calhoun St

Filed 12/30 1908 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital Heart Disease (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Herbert C Blakeslee M. D.

Address 1014 N Fa Fayette

Date Dec 28. Coroner 1908

Place of Burial Baltimore Cem

Date Dec 30 1908

Undertaker Robt. Brooks & Son

Address Calhoun & Hollins sts

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18288 Registered No. B C18288

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 916 N Carey St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Lindeman

{Residence, if in Baltimore, Give Street and Number.} 916 N. Carey St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 10th 1846

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Lindeman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizb Wigfardt

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tanner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evalane Lindeman

(Address) 916 N Carey St

Filed 12/30 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1908 to Dec. 28, 1908 that I last saw him alive on Dec 28, 1908 and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

?

(DURATION) DAYS

Contributory (Primary.) Sarcoma

(DURATION) DAYS

(Signed) Thomas E. Sears, M.D.

Address 658 W. Franklin St

Date December 30 1908

Place of Burial Baltimore Comer

Date Dec 31 1908

Undertaker Josiah Lepper

Address 1600 N Howard Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C18289 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C 18289

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1249 Riverside Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Frederick Metzger

Residence, Give Street and Number, 1249 Riverside Ave.

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: January 23 1906

AGE: 2 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Frederick G. Metzger

BIRTHPLACE OF FATHER (State or county): Baltimore Md.

MAIDEN NAME OF MOTHER: Lula Kirby

BIRTHPLACE OF MOTHER (State or county): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula Metzger

(Address) 1249 Riverside Ave

Filed 12/30 1908 BARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 28 1908

I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec 28 1908 to 190

that I last saw ~~him~~ alive on Dec 28 1908

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchopneumonia Croup.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Edward Smith M. D.

Address 910 Light St

Date Dec 29. 1908

Place of Burial Cedar Hill Cemetery

Date December 30 1908

Undertaker Edward L Fanning

Address 1460 Bulley Ave

Remarks

12. Ill.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18290

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC18290

City of Baltimore, (No. 1429, Creighton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Shannon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 17 (Day) 1905 (Year)

AGE: 3 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Elzie Shannon

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Charlotte Bangs

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bangs.

(Address) 1429 Creighton

Filed 12/30 1908

BARRY O. ANDERS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1908 to Dec 28th 1908

that I last saw h[illegible] alive on Dec 27, 1908,

and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Lobar pneumonia

(DURATION) 11 DAYS

Contributory Heart failure

(DURATION) [illegible] DAYS

(Signed) Jennie N Bimone M. D.

Dec 28 1908 (Address) 1223 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Dec 30 1908

UNDERTAKER: Edw. I Fanning

ADDRESS: 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C18291

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18291

City of Baltimore, (No. 1011 E. Fort ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eleanore Lowry

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Feby (Month) 9 (Day) 1862 (Year)

AGE: 46 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: Wallace A. Bennett

BIRTHPLACE OF FATHER (State or country): Baltimore. md

MAIDEN NAME OF MOTHER: Margaret Archer

BIRTHPLACE OF MOTHER (State or country): Baltimore. Md.

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lowry

(Address) 1011 E Fort ave

Filed 12/30/08 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 23 1908 to Dec 28 1908 that I last saw her alive on Dec 28 1908, and that death occurred, on the date stated above, at 6.40 P. M. The CAUSE OF DEATH was as follows:

Epileptic Coma

(DURATION) 01 DAYS

Contributory .....

(DURATION) 5 DAYS

(Signed) W. A. Smith M. D.

(Address) 520 Hanover St.

Dec 29 1908

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery | DATE OF BURIAL: Dec. 31 1908

UNDERTAKER: Edw. F. Fanning | ADDRESS: 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same [illegible] of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C18292 Registered No. B C18292

CERTIFICATE OF DEATH.

166

(Place of Death.) Steamer Queenmore Pier 34 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lind

{Residence, if in Baltimore, Give Street and Number.} 1309 Garrett Ave

Duration of Residence in Baltimore. 30 Yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	May 5 1865
AGE	43 years, 7 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Sweden
FULL NAME OF FATHER	Dont know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Stevedor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Lind (wife)

(Address) 1309 Garrett Ave

Filed

190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1908

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10.30

11. CAUSE OF DEATH (Secondary or Immediate

Crushed & bruised

crushed in a winch

on board Steamer.

Accidental Death (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date Dec 29 1908

Place of Burial Trinity Cem

Date Dec 30 1908

Undertaker L Sandau Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C18293 Registered No. B C18293

CERTIFICATE OF DEATH.

36

(Place of Death.) No. Bay View Hospital, Insane Department St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Tongue

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH .....1.....

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Scott

(Address) 1363 Whitewood Ave.

Filed 12/30 1908 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec - 3 1908 to Dec 29 1908 that I last saw him alive on Dec 29 1908, and that death occurred, on the date stated above, at 12 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Brain

(DURATION) 3 DAYS

Contributory (Primary.) Cerebral

Syphilis (DURATION) —— DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Hospital

Date December 29 1908.

Place of Burial Laurel

Date Dec 31 1908

Undertaker Alfred J. Fretwell

Address 102 N. Schroeder St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C18294 Registered No. C C18294

CERTIFICATE OF DEATH.

9.0

(Place of Death.) No. 248 N Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tom W. Stevens

Residence, Give Street and Number, 248 N Arlington Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR A

DATE OF BIRTH ..... 1 .....

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Solomon Stevens

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Stevens

(Address) 248 N Arlington Ave

Filed 12/30 190 8

HARRY C. ANUSEWICZ, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 30th 190 8

I HEREBY CERTIFY, That I attended deceased from Dec 21 190 to Dec 31 190 8

that I last saw h alive on Dec 24 190 8

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis

(DURATION) 10 DAYS

Contributory (Primary) Pneumonia

(DURATION) 10 DAYS

(Signed) Dr Graham M. D.

Address 712 S Broadway

Date Dec 31th 190 8

Place of Burial Mount Auburn

Date Dec 31 190 8

Undertaker Alfred V Fretwell

Address 106 N Schroeder

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 C18295 Registered No. B C18295

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1027 Rice St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emanuel Ridgley

{Residence, if in Baltimore, Give Street and Number.} 1027 Rice St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: John Ridgley

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Mahaly Matthews

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) estella Robinson

(Address) 1027 Rice St

Filed 12/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec 29 1908

that I last saw h— alive on Dec 28 1908,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

4 Mos (DURATION) DAYS

Contributory (Primary.) Cestumia

(DURATION) DAYS

(Signed) L Norwood M.D.

Address 839 W Fayette St

Date Dec 29 1908

Place of Burial Mt. Auburn Cemetery

Date December 31 1908

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18296

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18296

City of Baltimore, (No. 157 W. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augustus Bowen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Sept. (Month) 16 (Day) 1839 (Year)

AGE: 69 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Bowen

BIRTHPLACE OF FATHER (State or country): Don't know.

MAIDEN NAME OF MOTHER: Eliza

BIRTHPLACE OF MOTHER (State or country): Don't know.

OCCUPATION OF DECEASED: Draymen

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beecie Bowen

(Address) 157 W. Hamburg St.

Filed 12/30 1908

HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 28 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12, 1908 to Dec 28, 1908

that I last saw him alive on Dec 26 1908,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tb

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. T. Bowen M. D.

Dec. 29 1908 (Address) 1418 Eight

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 12/30 1908

UNDERTAKER: John H. Toadvine ADDRESS: 1420 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 18297 ~~C 18297~~ 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 West Biddle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Perkins

Residence, Give Street and Number, 417 west Biddle St.

Duration of Residence in Baltimore, 10 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female | COLOR: colord

DATE OF BIRTH: 1

AGE: 10 years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county): md

FULL NAME OF FATHER: Lewis Perkins

BIRTHPLACE OF FATHER (State or county): md

MAIDEN NAME OF MOTHER: arie young

BIRTHPLACE OF MOTHER (State or county): md

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) arie Perkins

(Address) 417 w Biddle st

Filed 12/30 190 8

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1908 to Dec. 29 1908

that I last saw her alive on Dec 29 1908

and that death occurred, on the date stated above, at 7P M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Diphtheria

(DURATION) 7 DAYS

(Signed) J. F. Williams M. D.

Address Md. Gen'l. Hosp.

Date Dec. 29 1908.

Place of Burial mt auburn cemetery

Date Dec. 31 -08 190

Undertaker John H Goodwin

Address 1142 w hill st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C18298 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C C18298

CERTIFICATE OF DEATH.

11

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R Rumbel

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH — 1

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 12/30 1908 HARRY C. SMITH Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Dec 28 1908 that I last saw h— alive on Dec 28 1908 and that death occurred, on the date stated above, at 5 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

E Shuster

(DURATION) ..... DAYS

Contributory (Primary) Organic Heart

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address Bay View Asylum

Date Dec 28 1908

Place of Burial Potters Field

Date Dec 30 1908.

Undertaker J. E. Hough Co

Address 1422 Pennsylvania ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C18299 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C18299

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1349 Stockton St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John J. Martin

Residence, Give Street and Number, 1349 Stockton st

Duration of Residence in Baltimore, 27 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: white

DATE OF BIRTH: June 10 1878

AGE: 30 years, 5 months, 29 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Patrick Martin

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Catherine McMahon

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Stonecutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Martin

(Address) 1349 Stockton st

Filed 12/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Consumption

..... (DURATION) ..... DAYS

Contributory (Primary) Tuberculosis

one year (DURATION) ..... DAYS

(Signed) Sidney Baetjer M. D.

Address 700 N. Lafayette Ave (Cornwall)

Date Dec 30 1908

Place of Burial Cathedral Cemetery

Date January 2 1909

Undertaker Stewart & Mowen Co

Address 215 W Park Ave

Remarks

Dr Shannon Mobile Oregon Fremont & Patterson Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C18300 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 Registered No. C C18300

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 N Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Theresa Mauchen

Residence, Give Street and Number, 824 N. Bond St.

Duration of Residence in Baltimore, about 40 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Joseph Baumann

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Katie Beck

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Jos. Baumann

(Address) 824 N. Bond St.

Filed 12/30 1908 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 29. 1908

I HEREBY CERTIFY, That I attended deceased from Aug. 16. 1908 to Dec. 28. 1908

that I last saw h a alive on Dec. 28, 1908

and that death occurred, on the date stated above, at 3 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis of Heart

(DURATION) DAYS

Contributory (Primary) Arterio Sclerosis.

(DURATION) 4 months

(Signed) E. J. Pickell M. D.

Address 1001 Eighth St.

Date Dec. 29 1908

Place of Burial Holy Redeemer Cemetery

Date Dec. 31 1908

Undertaker Henry Horck & Son

Address 1301 E. Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C18301 Registered No. B C18301

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1518 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie V. Parker

{Residence, if in Baltimore, Give Street and Number.} 1518 Barclay St

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —— 1

AGE 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) md

FULL NAME OF FATHER George Parker

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ruth Parker

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Parker

(Address) 1518 Barclay St.

Filed 12/30 1908 HARRY O. ANDERS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29. 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1908 to Dec 29 1908 that I last saw h.r alive on Dec 29 1908. and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Membranous Croup.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. Garland Letcher M.D.

Address 424 East 25 St

Date Dec. 29. 1908.

Place of Burial St Peters

Date Dec 30th 1908

Undertaker R. F. Elliott

Address 506 Rogers Ave

1 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C18302 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7X Registered No. C C18302 167

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kelly

Residence, Give Street and Number, Orangeville

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH ..... 1 .....

AGE 49 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Labour

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hospital Record

(Address) St Joseph Hospital

Filed 12/30 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 27 1908

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

1 Burns of body

(acc)

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Fredk Camillus M. D.

Address Coroners Office

Date Dec 30 1908

Place of Burial St Alphonsus Cemetery

Date December 30/08 1908

Undertaker Christian Miller

Address 2334 Jefferson St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18303 Registered No. B C18303

CERTIFICATE OF DEATH.

(Place of Death.) No. 2134 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louanna Gomes

{Residence, if in Baltimore, Give Street and Number.} 2134 Brunt St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1868

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Lewis Hendricks

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Alice Barlow

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Evangaline Whittaker

(Address) 2134 Brunt St

Filed 12/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1908

I HEREBY CERTIFY, That I attended deceased from July 29 1908 to Dec 29 1908 that I last saw h ex alive on Dec 28 1908, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma (DURATION) 4 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) 5 Mos YS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Dec. 29. 1908

Place of Burial Mt Auburn Cem

Date Dec 31 1908

Undertaker Sam'l H. Chase & Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C18304 — Registered No. C C18304

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bonbon Jones

Residence, Give Street and Number, 1224 Carlton St. Balto.

Duration of Residence in Baltimore, 3 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: Colored

DATE OF BIRTH: Jan 1 1856

AGE: 52 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: married

BIRTHPLACE (State or county): md

FULL NAME OF FATHER: Lewis Land

BIRTHPLACE OF FATHER (State or county): md

MAIDEN NAME OF MOTHER: mary smith

BIRTHPLACE OF MOTHER (State or county): md

OCCUPATION OF DECEASED: housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Jones

(Address) 1224 Carlton

Filed 12/30 1908 HARRY O. ANDREWS PARKIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 27 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1908 to Dec. 27 1908 that I last saw her alive on Dec 27 1908 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

1. Exhaustion

(DURATION) DAYS

Contributory (Primary) Apoplexy.

(DURATION) DAYS

(Signed) J. F. Williams M. D.

Address Md. Gen'l. Hosp.

Date Dec. 27 1908

Place of Burial Mt Alvin

Date December 31 1908

Undertaker Robert L. Parham

Address 1013 Pennsylvania ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C18305 — Registered No. B C18305

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 Hoffman Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Travis

{ Residence, if in Baltimore, Give Street and Number. } 1712 Hoffman Pl

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) House Mark

(Address) Joseph Travis

Filed 12/30 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Dec 28 1908 that I last saw her alive on Dec 28 1908, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Insufficiency & Chronic Dysentary

(DURATION) about 1 yr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. P. Cannon M.D.

Address 1701 N Carlton st

Date Dec 30 1908

Place of Burial Mt Auburn Cemetery

Date dec 31 1908

Undertaker Wes H Hooper

Address 609 Little Pacas St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B C18306

C18306

CERTIFICATE OF DEATH.

(Place of Death.) No. 2620 Huntingdon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Crabster

{Residence, if in Baltimore, Give Street and Number.} N 20 Huntingdon Ave

Duration of Residence in Baltimore. 24 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fmale. COLOR: White

DATE OF BIRTH: March 22 1835

AGE: 73 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Jacob Clabor

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Treadwell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel McFall

(Address) 3324 Chestnut Ave

Filed 12/30 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1908 to Dec 29 1908 that I last saw her alive on Dec 29 1908, and that death occurred, on the date stated above, at 10.40 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Uraemic Convulsions

(DURATION) 1 DAYS

(Signed) A C Kelly M.D.

Address 1049 Roland Ave

Date Dec. 31st 1908

Place of Burial Mt Olivet N.

Date Jan 1 1909

Undertaker A G Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C18307

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B C18307

City of Baltimore, (No. 3660 Falls Road St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret M Brannan

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Oct 28 1840
AGE	68 years, 2 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Isaac Dixon
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Margaret M. Dixon
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Brannon

(Address) 3642 Falls Road

Filed 12/30 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1908 to Dec 29th 1908

that I last saw her alive on Dec 26th 1908,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Immediate Exhaustion
The result of "Hemiplegia"
(Paralysis)

(DURATION) 3 DAYS

Contributory Nervous Prostration
for the last 2 Years
(DURATION)

(Signed) Geo H Baines M. D.

Dec 30 1908 (Address) 2117 7th st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Dec. 31 1908
UNDERTAKER	ADDRESS
Horace Burgee	3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C18308 — Registered No. B C18308

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 Riverside Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Auth

{Residence, if in Baltimore, Give Street and Number.} 1236 Riverside Ave

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Jan. 11 1824

AGE: 84 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Auth

(Address) 1236 Riverside Ave

Filed 12/30 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th 1908

I HEREBY CERTIFY, That I attended deceased from 12/19 1908 to Dec 27 1908

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Con'tributory (Primary.) Arteriosclerosis

Not Known (DURATION) DAYS

(Signed) L J Burlington M.D.

Address 105 E Fort Ave

Date 12/30 1908

Place of Burial Holy Cross (Ma A Co)

Date December 31 1908

Undertaker E Hoarle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C18309 Registered No. B C18309

CERTIFICATE OF DEATH.

160

(Place of Death.) No. 1519 E Clement St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Ferguson

{Residence, if in Baltimore, Give Street and Number.} 1519 E Clement St

Duration of Residence in Baltimore. 44 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Don't Know

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Clark

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Clark

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Ferguson (Husband)

(Address) 1519 E Clement St

Filed 12/31 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 29 1908

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by cutting throat with a table knife

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Geo M Feinhardt M.D.

Address Coroner

Date December 30 1908

Place of Burial Cathedral Cem

Date December 31st 1908

Undertaker Daniel and Margaret G. Flynn

Address 42 East West St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 X — C18310 — Registered No. B C18310

CERTIFICATE OF DEATH. 114

(Place of Death.) No. University Hospital, Lombard & Greene St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name H. James D. Tankard

{ Residence, if in Baltimore, Give Street and Number. } Lillian, Va.

Duration of Residence in Baltimore. 7 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Wh

DATE OF BIRTH: ..... 1 .....

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Phillip Tankard

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): ~ —

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Thomas S Covington

(Address) Lilian Va

Filed 12/31 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Dec 31 1908 that I last saw h im alive on Dec 31 1908, and that death occurred, on the date stated above, at 6.15 a. M. CAUSE OF DEATH (Secondary or Immediate)

General septicaemia

(DURATION) 7 DAYS

Contributory (Primary) Suppurative cholecystitis with hepatic abscess (DURATION) 21 DAYS

(Signed) Frank P. Lyons, M.D.

Address University Hospital

Date Dec 31 1908.

Place of Burial Lilian Va, North Amberland Co.

Date ~~January~~ 2 Dec 31" 1908

Undertaker Jos P. Cook

Address 1003 W Balls St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C18311 — Registered No. B

CERTIFICATE OF DEATH.

C18311
27

(Place of Death.) No. Bay View Hospital Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgie Talbott

{Residence, if in Baltimore, Give Street and Number.} 825 Gillen St

Duration of Residence in Baltimore. Washing D.C.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Black

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington, D.C.

FULL NAME OF FATHER: John H Gray

BIRTHPLACE OF FATHER (State or country): Washngtn D.C.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed 12/31 1908

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1908

I HEREBY CERTIFY, That I attended deceased from Aug - 6 1908 to Dec 30 1908 that I last saw her alive on Dec 29 1908, and that death occurred, on the date stated above, at 5.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Toxemia & Exhaustion

(DURATION) 5 DAYS

Contributory (Primary.) Tuberculor Broncho Pneumonia (DURATION) DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Hospital

Date December 30 1908

Place of Burial Laurel Cemetery

Date Jan 2 1908

Undertaker R. H. Talbott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

READ THE LAW PRINTED ON THE

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C C18312

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 714 Tyson St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wilhelmina Burke,

Residence, Give Street and Number, 714 Tyson St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Benjamin Burke

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Bessie Addison

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Adams

(Address) 714 Tyson st

Filed 12/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 29 1908,

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Inanition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Isaac Baer M. D.

Address 700 N. Lafayette (Central)

Date Dec 30 1908

Place of Burial Laurel Cemetery

Date Dec 31. 1908

Undertaker R. H. Elliott

Address 506 Forges Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C18313 Registered No. B C18313 11 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 555 Union Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet Harris

{Residence, if in Baltimore, Give Street and Number.} 555 Union Alley

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wade Harris

BIRTHPLACE OF FATHER (State or country): West Indies

MAIDEN NAME OF MOTHER: West Indies

BIRTHPLACE OF MOTHER (State or country): West Indies

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Wilson

(Address) 555 Union Alley

Filed 12/31 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1908 to Dec 29 1908 that I last saw her alive on Dec 29 1908, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

Two months (DURATION) DAYS

Contributory (Primary.) old age

(DURATION) DAYS

(Signed) Edward J. Sheally M.D.

Address 1245 Druid Hill Ave

Date Dec. 30 1908

Place of Burial Laurel Cemetery

Date Dec 31 1908

Undertaker R. St. Elliott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C18314 Registered No. C C18314

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 550 W Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Thomas.

Residence, Give Street and Number, 550 W Hoffman St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	45 years, ... months, ... days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or county)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or county)	—
OCCUPATION OF DECEASED	House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Brosa

(Address) 550 Hoffman st

Filed 12/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 28th 1905

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1905 to Dec 28th 1905 that I last saw h m alive on Dec 28th 1905 and that death occurred, on the date stated above, at 7 30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Asthama Observes of Chest. Asthmia

(DURATION) 40 DAYS

Contributory (Primary) √

(DURATION) DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date Dec 29th 1905

Place of Burial Mt Auburn Cemetery

Date Dec 31 1905

Undertaker R St Elliott

Address 506 Rogers Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C18315 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C18315

CERTIFICATE OF DEATH. 19

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C Waters

Residence, Give Street and Number, 1403 Druid Hill Ave

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. single

BIRTHPLACE (State or county) Frederick Co. Md

FULL NAME OF FATHER Isaac Wanless

BIRTHPLACE OF FATHER (State or county) Frederick Co, Md

MAIDEN NAME OF MOTHER Anne Diggs

BIRTHPLACE OF MOTHER (State or county) Frederick Co. Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Goldie Malthus

(Address) 1403 Druid Hill Ave

Filed 12/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec 29 1908 that I last saw h[illegible] alive on Dec 29 1908 and that death occurred, on the date stated above, at 1030 a M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Dilitation of Heart

1 (DURATION) 10 hrs DAYS

Contributory (Primary) Myocarditis

Emphysema & Asthma (DURATION) ..... DAYS

(Signed) J W Bond M. D.

Address University Hospital

Date Dec 29 1908

Place of Burial Mt Auburn

Date January 1st 1909

Undertaker Alex H Smoley

Address 5788 Reisterstown Rd

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

C18316

Registered No. C C18316

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 2401 Etting St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosetta Holley

Residence, Give Street and Number, 2401 Etting St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F.

COLOR: Blk.

DATE OF BIRTH: 1

AGE: years, 7 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Clarence Holley

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Caroline Herbert

BIRTHPLACE OF MOTHER (State or county): St. Marys Co. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 12/31 190 8

HARRY C. ANDREWS.
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 30 190 8

I HEREBY CERTIFY, That I attended deceased from Dec. 23 190 8 to Dec. 30 190 8

that I last saw her alive on Dec. 30 190 8

and that death occurred, on the date stated above, at 11

a. M. CAUSE OF DEATH (Secondary or Immediate,)

Broncho-pneumonia

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Alexius McGlannan M. D.

Address 2005 Madison Ave

Date Dec. 30 190 8

Place of Burial St. Peters Cemetery

Date Dec. 31 190 8

Undertaker Felix B Cuyler

Address 1026 Pendleton St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C18317 — *Registered No. B* C18317

CERTIFICATE OF DEATH.

10

(Place of Death.) *No.* 413 *First* Biddle *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Bailey

{ Residence, if in Baltimore, Give Street and Number. } 502 N. Biddle street

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	1
AGE	49 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Wm. H. Bailey
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Lucieta Henry
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bailey

(Address) 225 Druid Hill Ave

Filed 12/31 1908 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 30 1908 that I last saw him alive on Dec 30 1908, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Heart

(DURATION) 13 DAYS

Contributory (Primary.) La Grippe

(DURATION) 15 DAYS

(Signed) D. Grandstaff M.D.

Address 334 N. Biddle st

Date Dec 30th, 1908

Place of Burial Mt Zion Cemetery

Date Jan 1 1909

Undertaker Felix A. Cyr

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C18318 Registered No. B C18318

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 2222 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Rebecca Reid

{Residence, if in Baltimore, Give Street and Number.} 2222 Division

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) St Marys Co Md

FULL NAME OF FATHER Carrick Barber

BIRTHPLACE OF FATHER (State or country) St Marys Co Md

MAIDEN NAME OF MOTHER Betsy Metley

BIRTHPLACE OF MOTHER (State or country) St Marys Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Beal

(Address) 2222 Division St

Filed 12/31 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Dec 30 1908 that I last saw h[illegible] alive on Dec 28 1908, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 16 DAYS

Contributory (Primary.) old age

(DURATION) 16 DAYS

(Signed) Thos S Steele M.D.

Address 647 W Baltimore St

Date Dec 30 1908

Place of Burial St Peters Cemetery

Date Jan 1 1909

Undertaker Felix B Pyr

Address 102 E Madison St

WM. J. C. DULANY CO., BALTIMORE.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C18319 — Registered No. B C18319

CERTIFICATE OF DEATH.

140

(Place of Death.) No. 225 N Wolf St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth G Gent

{ Residence, if in Baltimore; Give Street and Number. } 225 N. Wolf St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1852

AGE: 56 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James Merkell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Jones

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E Gent

(Address) 225 N Wolf St

Filed 12/31 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1908 to Dec 29 1908 that I last saw her alive on Dec 29 1908, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy

about 2 weeks (DURATION) DAYS

Contributory (Primary.) Pneumonia and Exhaustion (DURATION) 3 DAYS

(Signed) Adolph C Eisenberg M.D.

Address 2213 Orleans St.

Date Dec 30 1908

Place of Burial Baltimore Cemetery

Date Jan 1st 1909

Undertaker Wm F Schaeffer

Address 845 E. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C18320 Registered No. B C18320

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 210 S Stricker St

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William H. Kelley

{ Residence, if in Baltimore, Give Street and Number. } 210 S Stricker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 25 1846

AGE 63 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Isaac Kelly

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Emely E Claridge

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Braun

(Address) 210 S. Stricker St

Filed 12/31 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1908

I HEREBY CERTIFY, That I attended deceased from Dec 20 1907 to Dec 28 1908 that I last saw h m alive on Dec 28 1908, and that death occurred, on the date stated above, at 4.45 M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Thomas Fulton M.D.

Address 1103 N Fulton Ave

Date Dec 29 1908

Place of Burial Western

Date Dec 31 1908

Undertaker Jos. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C18321 — Registered No. C 18321

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. C. Green

Residence, Give Street and Number, 702½ Bruce St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 .....

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Thomas Green

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Vernie Butler

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Vernie Green

(Address) 702 Bruce St

Filed 12/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Assistant.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 28 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Luzerne Ave (Comm.)

Date Dec. 29 1908

Place of Burial Mt Auburn

Date Dec 31 1908

Undertaker Starr & Wright

Address 864 W Baltimore St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE BACK HEREOF.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — Registered No. C 18322

C18322

CERTIFICATE OF DEATH.

(Place of Death.) No. 55 Jackson St. Homestead

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurence Miller

Residence, Give Street and Number, 55 Jackson St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: Feb. 10. 1

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Joseph Miller

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Elizabeth Eaton

BIRTHPLACE OF MOTHER (State or county): Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Evans

(Address) 55 Jackson St

Filed 12/31 1908

HARRY G. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 30th 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1908 to Dec. 30 1908

that I last saw h— alive on Dec. 27 1908

and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis estimated

(DURATION) 3 DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 90 DAYS

(Signed) John J. Kuhn M. D.

Address 1428 Garrison ave

Date Dec. 30 1908

Place of Burial Baltimore Cem

Date Jan. 1909. 190

Undertaker Wm Cook

Address 502 E North Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C18323 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C C18323

144

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 E. La Fayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Allen Kelley

Residence, Give Street and Number, 1232 E. La Fayette Ave

Duration of Residence in Baltimore, 13 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Feb 26th. 1874

AGE 34 years, 10 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) New York

FULL NAME OF FATHER George W. Kelley

BIRTHPLACE OF FATHER (State or county) New York

MAIDEN NAME OF MOTHER Charlotte Allen

BIRTHPLACE OF MOTHER (State or county) Gloucester N.J.

OCCUPATION OF DECEASED Silver Chaser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addie H. Kelley

(Address) 1232 E La Fayette Ave

Filed 12/31 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 29th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1908 to Dec 29th 1908 that I last saw him alive on Dec 29th 1908 and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Abscess in Neck

Septicemia ~~of~~ Asthenia

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M. D.

Address 656 W Franklin St

Date 190

Place of Burial Loudon Park

Date Jan 1 1909

Undertaker Wm Cook

Address 1026 E Fairmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

C18324

Registered No. C C18324

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Jan 26. 2741 Huntington Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Hyder

Residence, Give Street and Number, 2741 Huntington Ave

Duration of Residence in Baltimore, 13 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH July 14 1

AGE 65 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER John Hyder

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Mary Browning

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James O Hyder

(Address) Point of Rocks Md.

Filed 12/31 1908 HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 30 1908

I HEREBY CERTIFY, That I attended deceased from Nov 13 1908 to Dec 30 1908

that I last saw him alive on Dec 29 1908

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

6 Dai (DURATION) DAYS

Contributory (Primary) Tuberculosis Mycitis

6 mos (DURATION) DAYS

(Signed) W. S. Carswell M. D.

Address 2 W 25th St

Date Dec 30 1908

Place of Burial Baltimore Cem

Date Dec 31 08.

Undertaker Wm Cook

Address 202 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth; as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

C18325

Registered No. C 18325

CERTIFICATE OF DEATH.

(Place of Death.) No. 449 E. 25th St. Sarah J. Boyden

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J Boyden.

Residence, Give Street and Number, ~~XXX~~ 449 E 25th St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White.

DATE OF BIRTH: ..... 1 .....

AGE: ~~XX~~ 79 years, 11 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Pa

FULL NAME OF FATHER: Geo Docherty.

BIRTHPLACE OF FATHER (State or couuty): Pa

MAIDEN NAME OF MOTHER: Eliza Tyler

BIRTHPLACE OF MOTHER (State or county): Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Gipson

(Address) 1449 E 30th St

Filed 12/31 1908 HARRY O. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 30th 1908

I HEREBY CERTIFY, That I attended deceased from January 1900 to Dec. 30th 1908

that I last saw her alive on Dec. 30th 1908

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

(Lobular) Pneumonia

(DURATION) 1½ DAYS

Contributory (Primary) Exposure & Senility

(DURATION) DAYS

(Signed) William M. Wright M. D.

Address 1405 Madison Ave

Date Dec. 30th 1908

Place of Burial Blaisville Pat.

Date Jan 1/1908. 190 .

Undertaker Wenbook

Address 502 E. North Ave

Remarks

Ward 14 C18326 Registered No. B C18326

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 31 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah V. Stewart

{Residence, if in Baltimore, Give Street and Number.} 2031 Division St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Dont Know 1

AGE 45 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Bobb.

(Address) 1107 D Street

Filed 12/31 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1908 to Dec 29 1908 that I last saw her alive on Dec 29 1908, and that death occurred, on the date stated above, at 1:25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia (DURATION) 12 hours

Contributory (Primary.) Fibroid (Mitral Anaemia). (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Dec. 29. 1908

Place of Burial Mt Auburn Cem

Date Dec 31 1908

Undertaker E. A. Bosley

Address 1107 D St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C C18327

104

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of James & Clara Reid

Residence, Give Street and Number, Wallbrook, Sta F.

Duration of Residence in Baltimore, One month & 4 days

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Nov 30 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER James Reid

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Clara Ruble

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Reid

(Address) Wallbrook Station Sta F

Filed 12/31 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 31, 1908.

I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1908 to Dec. 31, 1908 that I last saw him alive on Dec. 31, 1908 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion resulting from obstruction in stomach, and inability to retain any food (DURATION) 14 DAYS

Contributory (Primary) Obstruction in lower ~~xx~~ part of stomach (DURATION) 21 DAYS

(Signed) S. H. Streett, M. D.

Address Md Gen Hospital

Date Dec. 31, 1908.

Place of Burial Oriskany Va

Date Dec-31st 1908

Undertaker Wm H Gaither

Address North & Linden Aves

Remarks

IN CASE DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C18328 Registered No. B C18328 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2001 N Charles St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Winfield S Price

{Residence, if in Baltimore, Give Street and Number.} 2001 N Charles

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 11 - 1847

AGE: 61 years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Richard Price

BIRTHPLACE OF FATHER (State or country): Montgomery Co. Md.

MAIDEN NAME OF MOTHER: Elizabeth Anne Thomas

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Lumber Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. D. Price

(Address) 2001 N. Charles St.

Filed 12/31 1908 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1908 to Dec 29 1908 that I last saw him alive on Dec 29 1908, and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

Five Minutes (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. D Price M.D.

Address 1238 Greenmount Ave

Date Dec 31 1908

Place of Burial Druid Ridge Cemetery

Date January 2 - 1909

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B C18329

City of Baltimore, (No. 1212 N. Strickert St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME C. Harry Kroll

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec (Month) 27 (Day) 189 (Year)

AGE: 16 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Chas A Kroll

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Kate E Moller

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C A Kroll

(Address) 1212 N Strick

Filed 12/31 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1908 to Dec 29 1908

that I last saw him alive on Dec 29 1908,

and that death occurred, on the date stated above, at 1a M. The CAUSE OF DEATH was as follows:

Anaemia and Exhaustion from Gastric Haemorrhage.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) O N Durnell M. D.

12/30 1908 (Address) 526 N Mount St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Jany 1 1909

UNDERTAKER: W Purnell Sons | ADDRESS: Cathedral

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C18330

HEALTH DEPARTMENT, City of Baltimore.

C18330

Ward 1

Registered No. C

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 918 N Durham St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J Brusak

Residence, Give Street and Number, 918 N. Durham st

Duration of Residence in Baltimore, 21 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 4 4 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county): Bohemia

FULL NAME OF FATHER: Frank Brusak

BIRTHPLACE OF FATHER (State or county): Bohemia

MAIDEN NAME OF MOTHER: Bridget Cotek

BIRTHPLACE OF MOTHER (State or county): Bohemia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Brusak

(Address) 716 N. Durham

Filed 12/31 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 29 1908

I HEREBY CERTIFY, That I attended deceased from July 1 1908 to Dec 29 1908

that I last saw him alive on Dec 29 1908

and that death occurred, on the date stated above, at 10 45 M.

CAUSE OF DEATH (Secondary or Immediate,)

Phthysis Pulmonalis

6 Months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W J Simms M. D.

Address 1025 N Wolfe st

Date December 31. 1908

Place of Burial Holy Redeemer

Date Jan 2 1909

Undertaker Frank Brantigan

Address 1104 Eutaw

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

018331

Ward 14

Registered No. B

20

CERTIFICATE OF DEATH.

(Place of Death.) No. 513 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella M George

{Residence, if in Baltimore, Give Street and Number.} 513 W. Lombard St

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1853

AGE 55 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Francis Thumpson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Thumpson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. George

(Address) 1520 Vaughan

Filed Dec 31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

No injury etc OK

CMd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27th 1908 to Dec 30 1908

that I last saw her alive on Dec 30th 1908,

and that death occurred, on the date stated above, at 12-25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Blood Poisoning

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) ___ DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date Dec 31st 1908

Place of Burial Western Cemetery

Date Jan 1st 1909

Undertaker Wm & H. Gaudlaugh

Address Fulton & Lindenau.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18332 Registered No. B C18332

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 579 Pressman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Hebbron.

{ Residence, if in Baltimore, Give Street and Number. } 579 Pressman St.

Duration of Residence in Baltimore. 1 mth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Not known 1

AGE: about 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Parker

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Hebbron

(Address) 579 Pressman St

Filed 12/31 1908

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1908 to Dec. 29 1908.

that I last saw h alive on " " 1908.

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Anaemia.

(DURATION) 7 DAYS

Contributory (Primary.) Carcinoma of uterus

(DURATION) DAYS

(Signed) K. De S. Kelly M.D.

Address 2122 Penna. Ave

Date Dec 30 1908

Place of Burial Pat[illegible]

Date Jan 1 st 1909

Undertaker G. F. Hall

Address 723 Mt Lafay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 18333

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winfred Richards

Residence, Give Street and Number, 702 Glenwood Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Jan. 5 1903

AGE 5 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Edward M Richards

BIRTHPLACE OF FATHER (State or couuty) City

MAIDEN NAME OF MOTHER Annie Shaed

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss. Richards

(Address) No 1709 Eutaw St

Filed 12/31 1908

HARRY C. ANDREWS.
PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Dec 30 1908

that I last saw h... alive on Dec 30 1908

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Streptococcus Septicaemia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Elmer Gill Hall M. D.

Address St Josephs Hospital

Date Dec 30 1908

Place of Burial St. Patricks Cemetery

Date Jan. 1st 1909

Undertaker Henry Hoerle Sons

Address 130 E. Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C18334

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18334

City of Baltimore, (No. Presby. Eye, Ear and Throat Hospital S., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel Elizabeth White

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: March (Month) 22 (Day) 1896 (Year)

AGE: 12 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Francis P White

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth B. Hunt

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis P White

(Address) 410 E 20 St

Filed 12/31 1908

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 30 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Dec 30 1908

that I last saw her alive on Dec 30 1908,

and that death occurred, on the date stated above, at 4.50 A.M. The CAUSE OF DEATH was as follows:

Septicaemia - Pyaemia

(DURATION) 9 DAYS

Contributory Acute Bronchitis

(DURATION) 4 DAYS

(Signed) Wm Ellingwood Resident M.D.

Dec 30 1908 (Address) Presby. E. E. & T. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 410 E. 20th St. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cathedral	Jan 2 1909
UNDERTAKER	ADDRESS
E A Wiedefeld & Son	214 E Lexington St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C18335 Registered No. B C18335

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 2032 Light St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Henry Hartline

{Residence, if in Baltimore, Give Street and Number.} 2032 Light St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Sept 12 1844
AGE	64 years, 3 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Michael Hartline
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Hartline

(Address) 2032 Light St.

Filed 12/31 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Dec 30 1908 that I last saw him alive on Dec 30 1908, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) B DAYS

Con'ributory (Primary.) Apoplexy

(DURATION) 3 DAYS

(Signed) P. E. Campbell M.D.

Address 1644 Hanover St

Date Dec 30 1908

Place of Burial St. Alphonsus

Date Jan. 2nd 1909

Undertaker Jos. Stanfield

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18336

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18336

City of Baltimore, (No. 54 Druid Ave St.; Woodbury Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thelma May Taft Hoy.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: Oct 29 (Month) (Day) 1908 Year

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: C. J. Hoy

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: A. B. Hanes

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. J. Hoy

(Address) 54 Druid ave

Filed 1/1 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to Dec 31 1908, that I last saw her alive on Dec 31 1908, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Erysipelas of Face: Thrombosis Body & Limbs. (DURATION) 5 DAYS

Contributory — (DURATION) — DAYS

(Signed) A. K. Reeley M. D.

Dec 31 1908 (Address) 3849 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Jan 2 1909

UNDERTAKER: Wm E. Clemonts — ADDRESS: 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18337 Registered No. B C18337

CERTIFICATE OF DEATH.

(Place of Death.) No. 1912 E. Balto. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry J. Louthat

{Residence, if in Baltimore, Give Street and Number.} 1912 E. Balto St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 19 1908

AGE: ..... years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm H Louthat

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary E. Halpin

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Wm H. Louthat

(Address) 1912 E Balto St

Filed 1/1 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 31 st 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1908 to Dec 31 1908 that I last saw him alive on Dec. 30th 1908 and that death occurred, on the date stated above, at 12.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho. Pneumonia (DURATION) ..... DAYS

Contributory (Primary) Exhaustion (DURATION) ..... DAYS

(Signed) R. J. Kirk M.D.

Address 1610 E. Balto. St.

Date Balto - Dec, 31 st 1908

Place of Burial Cathedral Cemetery

Date Jan 1 1909

Undertaker Wm C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 C18338 Registered No. B C18338

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 123 S. High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Aronson

{Residence, if in Baltimore, Give Street and Number.} 123 S. High St.

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 1830

AGE: 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jol Aronson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Gittel Glueck

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Aronson

(Address) 1020 E. Fayette

Filed 1/1 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31st 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 25 1908 to Dec. 31 1908

that I last saw h was alive on " 31 1908

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Old age —

Asthenia (DURATION) — DAYS

(Signed) Max M. Sawyer M.D.

Address 1121 E. Baltimore St.

Date January 1st 1909

Place of Burial Hebrew Clair Rd. Cemetery

Date Dec. Jan. 1, 1909

Undertaker Max Linnaer

Address 1620 McElderry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

C18339 Registered No. C C18339

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1926 Hoorn st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward. M. Fritz

Residence, Give Street and Number, 1926 Hoorn st

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: November 23 1908

AGE: 0 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Phillip Fritz

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Charlotte Weber

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Saunders

(Address) 217 S. Pace st

Filed 1/1 1909

HARRY C. [illegible], Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 22 1908 to Dec 31 1908

that I last saw h alive on 1908

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Bronchial

(DURATION) 30 DAYS

Contributory (Primary) Chr Pharyngitis (DURATION) 10 DAYS

(Signed) Edw Grumpf M. D.

Address 517 Leadenhall

Date Dec 31 1908

Place of Burial Western Cemetery

Date January 1 1909

Undertaker Jos. Saunders, Son

Address 217 S. Pace st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C18340

Registered No. C C18340

CERTIFICATE OF DEATH.

(Place of Death.) No. 1038 Somerset St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Howe

Residence, Give Street and Number, 1038 Somerset St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.

COLOR W

DATE OF BIRTH ..... 1 .....

AGE 54 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Mr Howe

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Jacob Eilerman

(Address) 1038 Somerset St

Filed 1/1 190 9

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH December 30 190 8

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cr. Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Fred Carrollton M. D.

Address Coroners Office

Date Dec 31 — 08 190 .....

Place of Burial Baltimore Cemetery

Date January 1st. 1908

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

Ward 12 C18341 Registered No. B C18341

CERTIFICATE OF DEATH.

76

(Place of Death.) No. 2139 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Kohnen

{ Residence, if in Baltimore, Give Street and Number. } 2139 Hanover St

Duration of Residence in Baltimore. ~~Lifetime~~ 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 19 1894

AGE: 14 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New Castle Pa.

FULL NAME OF FATHER: Henry Kohnen

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Frances Strauss

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kohnen (father)

(Address) 2139 Hanover st

Filed 1/1 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 30 1908 to Dec 31 1908 that I last saw him alive on Dec 30 1908, and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Pneumonia

(DURATION) DAYS

Contributory (Primary) Suppurating Ear

(DURATION) DAYS

(Signed) H Lee Dawson M.D.

Address 1228 Cathedral

Date Dec 31 1908

Place of Burial New Cathedral Cem

Date Jan 2 nd 1909

Undertaker E Schloman & Son

Address 1039 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C18342 Registered No. C C18342 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Horace E. Bradley

Residence, Give Street and Number, 918 E. 20th St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX male COLOR white

DATE OF BIRTH April 6" 1890

AGE 18 years, 8 months, 14 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~. single

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Peter B. Bradley

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Julia F. Welsh

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter B. Bradley

(Address) 918 E. 20th St.

Filed 1/1 190 9 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1908 to Dec. 30 1908 that I last saw h in alive on Dec. 30 1908 and that death occurred, on the date stated above, at 4.30 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Dyspepsia.

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) 6 DAYS

(Signed) C. J. Ickmit M. D.

Address City Hospital

Date Dec. 30 1908.

Place of Burial Holy Cross Cemetery

Date January 2' 1909

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C18343

Registered No. C C18343

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 716 N. Ostend St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Harvey

Residence, Give Street and Number, 716 N Ostend St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto Co.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Harvey

(Address) 716 N Ostend

Filed 1/1 190 9

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 30 190 8

I HEREBY CERTIFY, That I attended deceased from Dec 30 190 to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) H. Marlow Corner M. D.

Address .....

Date Dec 30 190 8

Place of Burial Baltimore Co

Date Jan 2/906 190

Undertaker Tom Cook

Address 1502 E. Monument av.

Remarks .....

Ward 18 C18344 Registered No. B C18344

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucien Stable

{Residence, if in Baltimore, Give Street and Number.} 1004 W Lexington St

Duration of Residence in Baltimore 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht.

DATE OF BIRTH Feb 27 1843

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frdline Stable

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER — Raeble

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Piano Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Stable

(Address) 1004 W Lexington St

Filed 1/1 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Dec 31 1908 that I last saw h-- alive on Dec 31 1908, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

1 yr. (DURATION) ..... DAYS

Con'tributory (Primary.) Asthma

3 mo's (DURATION) ..... DAYS

(Signed) J. L. Monroe M.D.

Address 739 W Fayette St

Date Dec 31 1908

Place of Burial Western Cem.

Date Jan. 2, 1909

Undertaker Geo. J. Smith

Address 1000 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 18 C18345 Registered No. B C18345

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 416 N Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Infant of Lilly and Wm Husselbaugh

Full Name ~~Unnamed~~

{Residence, if in Baltimore, Give Street and Number.} 416 N Fremont Ave

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 31st 1908

AGE — years, — months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Husselbaugh

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lilly Shipley

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Husselbaugh

(Address) 416 Fremont Ave

Filed 1/1 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Dec 31 1908

that I last saw h— alive on —— 190—,

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroner

Date Dec 31 1908

Place of Burial Loudon Park Cem

Date January 1st 1909

Undertaker Robt Brooks & Son

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18346

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18346

City of Baltimore, (No. 215 E. Cross St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John E. Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct (Month) 27 (Day) 1848 (Year)

AGE: John E Lewis — ~~60~~ years, ~~60~~ months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John E Lewis

BIRTHPLACE OF FATHER (State or country): [illegible]

MAIDEN NAME OF MOTHER: [illegible] Reeder

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Upon Worker Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Lewis

(Address) 215 E Cross St

Filed 1/1 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to Dec 31 1908

that I last saw him alive on Dec 30 1908,

and that death occurred, on the date stated above, at 6.20 P. M. The CAUSE OF DEATH was as follows:

Brights Disease

(DURATION) ..... DAYS

Contributory 2 mos

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Dec 31 1908 (Address) 528 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: Jan 2 1909

UNDERTAKER: John E. Evans + Sons

ADDRESS: 1428 E. Charles St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death, to the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***,

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C C18347

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 1162 E North Ave. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Martha J. Trainor

Residence, Give Street and Number, 1162 E. North Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH December 1840

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER John P. Woods

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Mc Causeland

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella L. Trainor

(Address) 1162 E. North Ave

Filed 1/1 1909

HENRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 27 1908 to Dec 30 1908

that I last saw her alive on Dec 30 1908

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary) La Grippe

(DURATION) 5 DAYS

(Signed) Edmund Chubb M. D.

Address 306 E. North Ave

Date December 31 1908

Place of Burial New Cathedral Cemetery

Date Jan 2nd 1909

Undertaker's Lilly and Zeiler

Address 403 S. Wolfe St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C18348 Registered No. C 18348

CERTIFICATE OF DEATH.

11th

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Piscor

Residence, Give Street and Number, 1616 Shakespeare St.

Duration of Residence in Baltimore, Unknown. 26 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Austria

FULL NAME OF FATHER John Piscor.

BIRTHPLACE OF FATHER (State or county) Austria

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or county) Austria

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Piscor.

(Address) 1616 Shakespeare St

Filed 1/1 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Dec 30 1908 that I last saw him alive on Dec 29 1908 and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs.

(DURATION) ..... DAYS

Contributory (Primary) Atrophic cirhosis of liver. (DURATION) many years DAYS

(Signed) S. H. Street M. D.

Address Md Gen'l Hosp.

Date Dec 30 1908

Place of Burial St Stanislaus.

Date January 2nd 1909

Undertaker M F Sudowski

Address 703 S. Ann St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C18349 Registered No. C18349

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 W. Chase St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Caroline Armistead

{Residence, if in Baltimore, Give Street and Number.} 12 W. Chase St.

Duration of Residence in Baltimore. Life time 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ——— 1841

AGE 67 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Norfolk Va

FULL NAME OF FATHER Robert Richardson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Hannah ———

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Armistead

(Address) 12 W. Chase St.

Filed 1/11 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1908 to Dec 30th 1908.

that I last saw h— alive on Dec 29th 1908.,

and that death occurred, on the date stated above, at 7 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (DURATION) 9 DAYS

Contributory (Primary.)

Cardiac Weakness (DURATION) 9 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 N. North Ave.

Date Balt Dec 31st 1908.

Place of Burial Laurel Cemetery

Date Jan 1st 1909

Undertaker John A Bishop

Address 1107 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

21

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C18350

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 710 Deland St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Tate

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Mouth) ..... (Day) 1 Year)

AGE: 59 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Richards

(Address) 710 Deland St.

Filed 1/1 1908

HENRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec-20 1908 to Dec-31 1908 that I last saw him alive on Dec 30 1908, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) 18 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. Tyler Smith M. D.

Jan 1 1909 (Address) 717 E. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 2 1909

UNDERTAKER: Felix B. Pye.

ADDRESS: 102 E. Madison St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C

CERTIFICATE OF DEATH. C18351 19

(Place of Death.) No. 1411 Brunt St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhemina Smith

Residence, Give Street and Number, 1411 Brunt St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: colored

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Infant

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Chas. E. Smith

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Wilhemina Queen

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhemina Smith.

(Address) 1411 Brunt St.

Filed 1/1 190 8 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 31 1905.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

.....

Laudanism

.....

.....

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Simon Baldwin M. D.

Address 700 N. Lafayette Ave (Corner)

Date Dec 31 1905

Place of Burial Mt Auburn Cemetery

Date Jan 2 1906

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St.

Remarks .....

READ THE LAW PRINTED ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

C 8352

Ward ..... Registered No. C .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William W Sheeler

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR Black.

DATE OF BIRTH — 1 .....

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/1 190 8 HARRY G. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 30 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 19 1908 to Dec 30 1908 that I last saw h in alive on Dec 30 1908 and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) ..... DAYS

(Signed) H. H. Slaughter M. D.

Address Bay View Asylum.

Date Dec 31 1908

Place of Burial St. Peters Cemetery

Date Jan. 2 1909

Undertaker Felix B. Pue

Address 102 E. Mulberry St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN

HEALTH DEPARTMENT, City of Baltimore.

C18353

Ward 27

Registered No. C

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 424 W. Henrietta St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Gray.

Residence, Give Street and Number, 424 W. Henrietta Street.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	Colrd

DATE OF BIRTH ..... 1 .....

AGE ..... 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Jas Gray

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Sarah Parker

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jorama A. Gray

(Address) 424 W. Henrietta St

Filed 1/1 1908

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec 10 190 to Dec 30 1908

that I last saw h— alive on Dec 29 1908

and that death occurred, on the date stated above, at 5.20 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Heart Failure

(DURATION) 10 DAYS

(Signed) C. H. Forbes M. D.

Address 715 S. Stricker St

Date Jan 1 1909

Place of Burial Mt Auburn

Date Jan 1 1909

Undertaker Jno. A. Frank

Address 142 W Hill St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

C18354 12

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C18354 Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 W. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Dixon

Residence, Give Street and Number, 6 W. Church Street.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	Colored

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER John Dixon

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Annie Barnett

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Dixon

(Address) 6 W. Church Street

Filed 1/1 190 8

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 28th 1907

I HEREBY CERTIFY, That I attended deceased from Dec 25 190 to Dec 29 1907

that I last saw her alive on Dec 29 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

Contributory (Primary) Phthisis (DURATION) Unknown DAYS

(DURATION) DAYS

(Signed) C. W. Foster M. D.

Address 712 S. Exeter Dec 30

Date 1907

Place of Burial Laurel

Date Jan 1 1909

Undertaker Jno. H. Trader

Address 1432 W Pratt St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18355 Registered No. B C18355

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 414 Courtland St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name William H. Kendal

{Residence, if in Baltimore, Give Street and Number.} 414 Courtland St.

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	Sept 16 1870
AGE	38 years, 3 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Kent Co Md
FULL NAME OF FATHER	William Kendal
BIRTHPLACE OF FATHER (State or country)	Kent Co Md
MAIDEN NAME OF MOTHER	Laura Reed
BIRTHPLACE OF MOTHER (State or country)	Kent Co Md
OCCUPATION OF DECEASED	Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Kendal

(Address) 414 Courtland St.

Filed 1/1 1908

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1908 to Dec 31 1908 that I last saw him alive on Dec 30 1908, and that death occurred, on the date stated above, at 5½ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 8 DAYS

Contributory (Primary) Bronchitis (DURATION) 8 DAYS

(Signed) Edward E. MacKenzie M.D.

Address 1339 N. North Ave

Date Balto Dec 31 1908

Place of Burial Laurel Cemetery

Date Jan 2 1909

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18356

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 211 East St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Adams

Residence, Give Street and Number, 211 East St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: May 25 1841

AGE: 67 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: George Adams.

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Braun

(Address) 211 East St

Filed 1/11 190 8

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 30, 1908

I HEREBY CERTIFY, That I attended deceased from July 2 190 8 to Dec 30 190 8

that I last saw her alive on Dec 28 190 8

and that death occurred, on the date stated above, at 9 M.

CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) 6 Mos. DAYS

Contributory (Primary) Exhaustion

(DURATION) 4 DAYS

(Signed) P. E. Lilly M. D.

Address 207 Cumberland St

Date Dec. 31, 190 8

Place of Burial Laurel Cemetery

Date June 2 190 8

Undertaker R. A. E. Elliott

Address 506 Rogers Ave

Remarks

C18357

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

THE ROBERT GARRETT HOSPITAL FOR CHILDREN
No. 27 North Carey Street
BALTIMORE, MD.

Registered No. B C18357

City of Baltimore, (No. ....., ... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Privelle

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Nov. (Month) 21 (Day) 1908 (Year)

AGE: 1 month and 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Privelle

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Katie Frey

(Address) 1027 Russell St

Filed 1/1 190 8 HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 31 (Month) (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1908 to Dec 31 1908 that I last saw h[er] alive on Dec 30 1908, and that death occurred, on the date stated above, at 11 8 M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) Life DAYS

Contributory Atelectasis

(DURATION) 4 DAYS

(Signed) John Ruhrah M. D.

1 1908 (Address) 824 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 525 N Carey — How long at Place of Death? 11 Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	Jan 1 1908
UNDERTAKER	ADDRESS
James Dignan & Son	209 N Howard St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

C18358

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1002 N Patterson Park Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Maranto

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH December 30 1908
(Month) (Day) (Year)

AGE — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Maranto

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Annie Grice

BIRTHPLACE OF MOTHER (State or country) Harford Co Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Maranto

(Address) 1002 N Patterson Park ave

Filed 1/1 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1908
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 30 1908 to Dec 31 1908

that I last saw h alive on Dec 31 1908,

and that death occurred, on the date stated above, at 8.30 P M. The CAUSE OF DEATH was as follows:

Bronchitis

From both entire lungs

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E W Belcher M.D.

Jan 1 1909 (Address) 2150 E Hoffman St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Vincent Cem	Jan 1 1909
UNDERTAKER	ADDRESS
Robt T. Turner	1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Rules and Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause

Ward 10 C18359 Registered No. B C18359

48

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor Preston and Valley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bridget Ray

{ Residence, if in Baltimore, Give Street and Number. } Preston and Valley St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Irlande Co Donegal

FULL NAME OF FATHER: John McLaughlin

BIRTHPLACE OF FATHER (State or country): Irlande

MAIDEN NAME OF MOTHER: Mary Gallagher

BIRTHPLACE OF MOTHER (State or country): Irlande

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Cyrille Supr.

(Address) Preston and Valley St

Filed 1/2 1909

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 30 1908

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on Dec 29 1908,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic obstruction

(DURATION) DAYS

Several years

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Dec 34 1908

Place of Burial Holy Cross

Date Jan 12" 1909

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C18360

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C18360

City of Baltimore, (No. 803, S Sulton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Milton Foster

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: (Month) (Day) 1 Year)

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Fisher

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: May Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Johnson

(Address) 803 Schroeder st

Filed 1/2 190 9 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31, 1908 to Dec 31 1908 that I last saw h[illegible] alive on Dec 29 1908, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Acute Phthisis

(DURATION) 2 DAYS

Contributory Exhaustion

(DURATION) 10 DAYS

(Signed) Chas F Sanston M. D.

1908 (Address) 254 W. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Jan 2 1909

UNDERTAKER: R St Elliott ADDRESS 506 Roger

R St Elliott

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C18361

7

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. BC18361

City of Baltimore, (No. 807 N. Dupont St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

FULL NAME Glyndon Greenway Greenway

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH August (Month) (Day) 1907 Year

AGE 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Howard Greenway

BIRTHPLACE OF FATHER (State or country) Prince George, Md

MAIDEN NAME OF MOTHER Ella Wright

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. S. Elliott

(Address) 506 Rogers Ave

Filed 1/2 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 31 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Dec 31 1908 that I last saw him alive on Dec 31 1908, and that death occurred, on the date stated above, at 11. 40 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 2 DAYS

Contributory asthenia

(DURATION) 7 DAYS

(Signed) William Francis M. D.

Dec 31 1908 (Address) 1407 N Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel Cemetery

DATE OF BURIAL Jan 2 1909

UNDERTAKER R. S. Elliott

ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C18362

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18362

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 410 N Carey St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Mrs Rogers Lucke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 16 1892 (Month) (Day) (Year)

AGE: 16 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William J Lucke

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Laura V Rogers

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J Lucke

(Address) 410 N Carey St

Filed 1/2 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 31 1908 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 1908 to Dec 31 1908, that I last saw h[illegible] alive on Dec 31 1908, and that death occurred, on the date stated above, at 1210 o M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis and cardiac Failure

(DURATION) 2 DAYS

Contributory Pulmonary Tuberculosis

(DURATION) 1 year

(Signed) C Clifton Smith M. D.

Jan 1 1909 (Address) Professional Bldg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Jan 3 1909

UNDERTAKER: Jos R Cook

ADDRESS: 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5

C18363

Registered No. B C18363

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Mulliken St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry P. Appel

{Residence, if in Baltimore, Give Street and Number.} 1414 Mulliken

Duration of Residence in Baltimore. Balto

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 15th 1853

AGE: 55 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Martin Appel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Schaff

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Hoskins

(Address) 1414 Mulliken St

Filed 1/2 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1908 to Dec 30th 1908 that I last saw h alive on Dec 30 1908, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease of heart
Mitral dilatation

(DURATION) Years DAYS

Con'tributory (Primary.) Hemoplegia

(DURATION) 4 DAYS

(Signed) Edward Dillon M.D.

Address 108 Eutaw St

Date Balto Dec 31 1908

Place of Burial Balto Cem.

Date Jan 2nd 1909

Undertaker J Henry Jones

Address 1708 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE ...

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

C18364

Registered No. C 18364

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1323 E Eager St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sallie A. Rice

Residence, Give Street and Number, 1323 E Eager St

Duration of Residence in Baltimore, about 32 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: February 20th 1857

AGE: 57 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Va.

FULL NAME OF FATHER: William H. Rock

BIRTHPLACE OF FATHER (State or county): Va.

MAIDEN NAME OF MOTHER: Annie D. Thrift

BIRTHPLACE OF MOTHER (State or county): Va.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Bessie Rice

(Address) 1323 E Eager St.

Filed 1/2 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 31st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Dec 31 1908

that I last saw h on alive on Dec 31 1908

and that death occurred, on the date stated above, at 1215 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Asphyxia

4 hours (DURATION) DAYS

Contributory (Primary) Arterial Sclerosis

(DURATION) DAYS

(Signed) [illegible] M. D.

Address 1219 Eager St

Date Jan 1st 1909

Place of Burial Mt Hope Cemetery (Parkville)

Date Jan 2nd 1909

Undertaker Henry Hoerle & Son

Address 1301 E. Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C18365 Registered No. B C18365

CERTIFICATE OF DEATH. 1909

Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno G Kipp

{ Residence, if in Baltimore, Give Street and Number. } 512 N Arch St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 14th 1842

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John W Kipp

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Margaret L —

BIRTHPLACE OF MOTHER (State or country) Balto —

OCCUPATION OF DECEASED Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Thomas Waters

(Address) 1924 W Balto St

Filed 1/2 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1 1909

I HEREBY CERTIFY, That I attended deceased from Dec 30 1908 to Jan 1 1909

that I last saw him alive on Jan 1 1909,

and that death occurred, on the date stated above, at 1045 A M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 10 Days

Contributory (Primary.) Chronic Interstitial Nephritis, Emphysema & Myocarditis. (DURATION) — DAYS

(Signed) J W Bird M.D.

Address University Hospital

Date January 1 1909

Place of Burial Greenmount Cemetery

Date Jan 3rd 1909

Undertaker C. F. McCormick

Address 1729 W Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

C18366

Registered No. C C18366

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1107 N Hopkins Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Crosby

Residence, Give Street and Number, 1107 N Hopkins ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Wm Rhodes

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Caroline Riley

BIRTHPLACE OF MOTHER (State or county): Harford Co

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew H Crosby

(Address) 1107 N Hopkins Ave

Filed 1/2 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Aug 19 1908 to Dec 31 1908

that I last saw h[illegible] alive on Dec 31 1908

and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Phthisis Pulmonalis

Tuberculosa Enteritis (DURATION) 1 yr ~~DAYS~~

(Signed) R P Cannan M. D.

Address 1707 N Caroline st

Date Dec 31 1908

Place of Burial Balto Cem

Date Jan 2 1908 1909

Undertaker Lumbrook

Address 502 E Hartford

Remarks .....

Ward 23

Registered No. B C18367

C18367

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Pacca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James P. Tillman

{ Residence, if in Baltimore, Give Street and Number. } 1013 Pacca.

Duration of Residence in Baltimore. 9 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	Col.
DATE OF BIRTH	Jan 10 1855.
AGE	53 years, 11 months, + days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Maria Johnson.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Mulkony MD

(Address) 603 S. Pacca St.

Filed 1/2 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1908.

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Dec 31 1908, that I last saw h[illegible] alive on Dec 29 1908, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary.

(DURATION) DAYS

Contributory (Primary) Tuberculosis.

(DURATION) DAYS

(Signed) C. Mulkony M.D.

Address 603 S. Pacca St.

Date 190

Place of Burial National Cemetery

Date Jan 3 1909

Undertaker J. L. Blountson

Address 1080 Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C18368 Registered No. B C18368

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1314 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha S. Yocum

{ Residence, if in Baltimore, Give Street and Number. } 1314 N. Luzerne

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 29th 1845

AGE 63 years, 7 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER Israel R. Deacon

BIRTHPLACE OF FATHER (State or country) Philadelphia Pa

MAIDEN NAME OF MOTHER Mary A Stewart

BIRTHPLACE OF MOTHER (State or country) Philadelphia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. D. Yocum Son

(Address) 1332 Mass. Ave Washington D.C.

Filed 1/2 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1909

I HEREBY CERTIFY, That I attended deceased from Dec 26 1908 to Jan 1st 1909 that I last saw h[illegible] alive on Jan 1st 1909, and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E W Welch M.D.

Address 2250 E Hoffman St

Date Jan 1st 1909

Place of Burial Mt Vernon Cemetery Phila Pa

Date January 4th 1909

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C18369 Registered No. B C18369

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 1402 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Katherine M. Kunkel

{ Residence, if in Baltimore, Give Street and Number. } 1402 W. Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 15 1865

AGE: 43 years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John H. Kunkel.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katharine Goodmeyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Kunkel.

(Address) 1402 W. Baltimore St

Filed 1/2 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1908 to Dec 31 1908 that I last saw h alive on Dec 31 1908, and that death occurred, on the date stated above, at 9.25 a. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

about (DURATION) 9 DAYS

Contributory (Primary.) Chronic Nephritis — unknown (DURATION) ~~DAYS~~

(Also Grave's Disease)

(Signed) C. C. McDowell M.D.

Address 1521 N. Fayette St

Date Dec 31 1908

Place of Burial Old St Paul's Lutheran Cemetery

Date January 3 1909

Undertaker Wm A Wilderson

Address 73 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C18370

Registered No. C C18370

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 822 Park Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Griffith Wilson

Residence, Give Street and Number, 822 Park Ave.

Duration of Residence in Baltimore, 37 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: July 19th 1871

AGE: 37 years, 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore City

FULL NAME OF FATHER: Dr. W. P. C. Wilson

BIRTHPLACE OF FATHER (State or county): Somerset Co Md

MAIDEN NAME OF MOTHER: Alicia B Griffith

BIRTHPLACE OF MOTHER (State or county): Annapolis

OCCUPATION OF DECEASED: Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabel C Wilson

(Address) 820 Park Ave

Filed 1/2 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec. 31st 1908

I HEREBY CERTIFY, That I attended deceased from Nov. 8th 1908 to Dec 31st 1908

that I last saw him alive on Dec. 30th 1908

and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Debility & Exhaustion

(DURATION) DAYS

Contributory (Primary) Chronic Pul. Tuberculosis

about years (DURATION) DAYS

(Signed) H. K. Merrick M. D.

Address 824 Park Ave

Date Jan 1st 1909

Place of Burial London Park

Date Jany 3rd 1909

Undertaker H. C. Watkins Son Co.

Address 320 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C18371

Registered No. C C18371

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1125 Bolton St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara L. Compton

Residence, Give Street and Number, 1125 Bolton St

Duration of Residence in Baltimore, 60 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Sep 14 1822

AGE 86 years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. widowed

BIRTHPLACE (State or county) Hagerstown md

FULL NAME OF FATHER Upton Lawrence

BIRTHPLACE OF FATHER (State or county) Hagerstown md

MAIDEN NAME OF MOTHER Elizabeth Hager

BIRTHPLACE OF MOTHER (State or county) Hagerstown md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laurence Compton

(Address) 1125 Bolton St

Filed 1/2 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 1, 1909

I HEREBY CERTIFY, That I attended deceased from Oct. 1900 to Jan 1, 1909

that I last saw her alive on Jan 1, 1909

and that death occurred, on the date stated above, at 6 A.M.

A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cystritis

(DURATION) 5 DAYS

Contributory (Primary) old age

(DURATION) DAYS

(Signed) Cora Belle Brewster M. D.

Address 1027 Madison ave

Date Jan 1, 1909

Place of Burial Baltimore Cem

Date January 3rd 1909 190

Undertaker Heisenstein Bro Co

Address 301 W Madison St

Remarks

Ward 24 C18372 Registered No. B C18372

CERTIFICATE OF DEATH. 9

(Place of Death.) No. #1426 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary C. Klein

{Residence, if in Baltimore, Give Street and Number.} #1426 Covington St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 4 1903

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Martin L. Klein

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie E Williams.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin L. Klein (Father)

(Address) #1426 Covington St.

Filed 1/2 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1st 1909

I HEREBY CERTIFY, That I attended deceased from 12/31 1908 to 1.1 1909

that I last saw h alive on 1.1 1909.

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Laryngeal Diphtheria

by Croup (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) L. D. Turlington M.D.

Address 102 E Fort Ave

Date 1.1 1909

Place of Burial Holy Redeemer

Date Jan. 2nd 1909

Undertaker E Harle

Address #115 E West St.

1 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

15

C18373

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C18373

City of Baltimore, (No. 1311 N Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia B. Gees

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 1st (Day) 1909 (Year)

AGE: 67 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): (Annamessex) City

FULL NAME OF FATHER: Robt. W. Garrett

BIRTHPLACE OF FATHER (State or country): City.

MAIDEN NAME OF MOTHER: Elizabeth Cagle

BIRTHPLACE OF MOTHER (State or country): Washington D. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Gees

(Address) 1204 N. Mulberry st

Filed 1/2 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 1st (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 23 1908 to Jan 1st 1909 that I last saw h in alive on Dec 31 1908, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 8 DAYS

Contributory Hard Chronic Alcoholism

(DURATION) — DAYS

(Signed) Chas. H. Mahon M. D.

1-2 1909 (Address) 1113 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Jan 4 1909
UNDERTAKER	ADDRESS
Geo. J. Smith & Co.	1700 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the cause and date of death.

Ward 10 C18374 Registered No. B C18374

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1305 Riggs Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fax H. Harding.

{Residence, if in Baltimore, Give Street and Number.} 1305 Riggs Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Col

DATE OF BIRTH: June 17 1906

AGE: 2 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Shedrick Harding

BIRTHPLACE OF FATHER (State or country): va

MAIDEN NAME OF MOTHER: Lizzie Lewis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Shedrick Harding

(Address) 1305 Riggs av

Filed 1/2 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 1 1909 that I last saw h in alive on Dec 31 1908, and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

Coma (DURATION) 7 DAYS

(Signed) John Stuck M.D.

Address 617 H St NW

Date Jan 1 1909

Place of Burial Mt Auburn Cem

Date January 1909

Undertaker Sam'l H. Chase & Son

Address 1400 Monroe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C18375 — Registered No. C C18375

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. McCann

Residence, Give Street and Number, 1430 Division St.

Duration of Residence in Baltimore, 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: W

DATE OF BIRTH: July 8 - 1872

AGE: 36 years, 5 months, 23 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED~~ OR ~~DIVORCED.~~

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Wm H McCann

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Anne L. Hughes

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bobb

(Address) 1107 N Wolfe St

Filed 1/2 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 1 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1908 to Jan. 1 1909

that I last saw him alive on Jan. 1 1909

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis

(DURATION) DAYS

Contributory (Primary) Nephritis (DURATION) DAYS

(Signed) J. F. Williams M. D.

Address Md. Gen. Hosp.

Date Jan. 2 1909.

Place of Burial Mt Auburn Cemetery

Date Jan. 3 1909

Undertaker John A. Bobb

Address 1107 N Wolfe St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C18376 Registered No. B C18376

170

CERTIFICATE OF DEATH.

(Place of Death.) No. 1728 St Paul St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles H. Lord

{ Residence, if in Baltimore, Give Street and Number. } 1728 St Paul St-

Duration of Residence in Baltimore. ~~Lifetime~~ 60 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 4th 1827
AGE	81 years, 6 months, 27 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Mass
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	John Boadman Lord
MAIDEN NAME OF MOTHER	Sarah E. Lantrey
BIRTHPLACE OF MOTHER (State or country)	Salem Mass
OCCUPATION OF DECEASED	Merchant-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry M Lord

(Address) 205 N Charles St

Filed 1/2 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1 1909

I HEREBY CERTIFY, That I attended deceased from December 14 1908 to January 1 1909 that I last saw him alive on January 1 1909, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia -

(DURATION) DAYS

Contributory (Primary.) Chronic Interstitial Nephritis

(DURATION) DAYS

(Signed) F. D. Gavin M.D.

Address 16 East Lafayette Ave

Date 190

Place of Burial Green Mt Cemetery

Date January 3rd 1909

Undertaker Stewart & Mowbray

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1

CERTIFICATE OF DEATH.

Registered No. B C18377

City of Baltimore, (No. 909 W. Carrollton Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Ellen M. Jamison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug (Month) 30 (Day) 1884 (Year)

AGE: 24 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Thos. H. Jamison

BIRTHPLACE OF FATHER (State or country): Orangsburg S.C.

MAIDEN NAME OF MOTHER: Theresa A. Heinecken

BIRTHPLACE OF MOTHER (State or country): Fredericksberg Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Cantari

(Address) 1129 Harlem Ave

Filed Jany 2 1908

HARRY C. ANDREWS
PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 1. (Day) 1909. (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Jan 1909.

that I last saw h alive on Jan 1909.

and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows:

Endo-Carditis.

of 4 mos (DURATION) — DAYS

Contributory Sequel of Typhoid Fever (DURATION) — DAYS

(Signed) J. Lowrie Miller M. D.

Dated Jan 1 1909 (Address) 1007 Fawn Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jany 3 1908

UNDERTAKER: E. W. Mitchell

ADDRESS: 120 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

C18378

Ward 17

Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No 2435 N. Charles St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Kearney.

{Residence, if in Baltimore, Give Street and Number.} 2435 N. Charles St.

Duration of Residence in Baltimore. 25 Years

C18378

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 1813

AGE: 95 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Kearney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen De Voy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Kearney.

(Address 2435 N. Charles St

Filed

Jany 2 1909 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1st 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 1 1909 that I last saw h[illegible] alive on Dec 31 1908 and that death occurred, on the date stated above, at 12 am

M. CAUSE OF DEATH (Secondary or Immediate)

asthenia

One month (DURATION) — DAYS

Contributory (Primary.)

Old age (DURATION) — DAYS

(Signed) T. F. Galloway, M.D.

Address 318 E. Lanvale St

Date Jan 2 1909

Place of Burial Cumberland Md

Date Jan 3 1909

Undertaker E. A. Wiedefeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C18379 Registered No. B

CERTIFICATE OF DEATH. 170

(Place of Death.) No. 2005 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Elizabeth C. McCord

{Residence, if in Baltimore, Give Street and Number.} 2005 Druid Hill ave

Duration of Residence in Baltimore. 4 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Jno Williams

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Mary Williams

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. H.S. McCord

(Address) 2006 D. Hill ave

Filed Jan 3rd 1909

HARRY O. ANDREES, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 1. 1909

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1908 to Jan 1 1909

that I last saw her alive on Dec 31, 1908,

and that death occurred, on the date stated above, at 8.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia { Cardiac Failure Sudden } (DURATION) DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) DAYS

(Signed) Wm H Wray Jr M.D.

Address 1313 N. Carey St

Date Jan 2. 1909.

Place of Burial Rockford Ill.

Date Jan 4 1909

Undertaker Jno. W. Frazier

Address 142 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — Registered No. C 18380 — C 18380

CERTIFICATE OF DEATH.

(Place of Death.) No. Earl Court Apartment St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Dawson Carothers

Residence, Give Street and Number, Earl Court, St. Paul & Preston Sts.

Duration of Residence in Baltimore, Four Years + Ten Months.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: Aug. 21st 1860

AGE: 48 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Washington Co., Ohio

FULL NAME OF FATHER: Reason Dawson Carothers

BIRTHPLACE OF FATHER (State or county): Ohioville, Penna.

MAIDEN NAME OF MOTHER: Elizabeth Dawson

BIRTHPLACE OF MOTHER (State or county): Ohioville, Penna.

OCCUPATION OF DECEASED: Chief Engineer B.O.R.R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. R. Sparks

(Address) 1511 Linden Ave, Baltimore

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany 2. 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1907 to Jany 2 1908

that I last saw him alive on Jany 2 1908

and that death occurred, on the date stated above, at 12.15 M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Duodenum

(DURATION) 10 DAYS

Contributory (Primary) Typhoid and Pneumonia (DURATION) 14 DAYS

(Signed) Walter S. Carswell M. D.

Address 24. 25 15/16 St.

Date Jany. 2 1908

Place of Burial Cincinnati Ohio

Date January 3rd 1908

Undertaker H. W. Jenkins and Sons Co

Address 300 N. Madison St.

Remarks

BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Y

C18381

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C18381

City of Baltimore, (No. 1902 N. Fayette St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mary McCann

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	73 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter E. McCann

(Address) 1502 N. Fayette St.

Filed 1/3 1908

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Dec 31 1908

that I last saw her alive on Dec 30 1908,

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Interstitial Nephritis

One Year (DURATION) DAYS

Contributory Asthma (DURATION) DAYS

(Signed) Joseph Wharton M. D.

Jan 1 1909 (Address) 1901 N. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 4 1909
UNDERTAKER	ADDRESS
Crowley Bros	25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

dnty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18332 HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. C C18332

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. Morris

Residence, Give Street and Number, 405 Bath St.

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH —

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/3 1909 HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 2 1909

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Jan 2 1909

that I last saw h[illegible] alive on Jan 2 1909

and that death occurred, on the date stated above, at 1.30

M. CAUSE OF DEATH (Secondary or Immediate,)

1 Hy Prostatic Enlargement

(DURATION) DAYS

Contributory (Primary) Organic Heart

Uremia (DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Asylum

Date Jan 2 1909

Place of Burial Cathedral Cemetery

Date January 3rd 1909.

Undertaker John J. Cullen

Address 901 Hoe Court

Remarks —

Ward 7 C18383 Registered No. B C18383

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 W. Cross St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number) 179

Full Name Flontta Shorter

{Residence, if in Baltimore, Give Street and Number.} 521 W. Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June 22 1908

AGE — years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas Shorter

BIRTHPLACE OF FATHER (State or country) Frederick Co Md

MAIDEN NAME OF MOTHER Katie Holloway

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Shorter mother

(Address) 521 N Cross St

Filed 1/3 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

7 x 9

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M D

Address Coroner

Date January 2 1909

Place of Burial Mt. Auburn Cemetery

Date January 3 1909

Undertaker John H. Toadvine

Address 142 W. Hill Street.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C18384

Registered No. B

CERTIFICATE OF DEATH.

C18384

(Place of Death.) No. 774 Vine St St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jane Stepney 27

{ Residence, if in Baltimore, Give Street and Number } 774 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR C

DATE OF BIRTH 1

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Johnson

(Address) 843 Vine St.

Filed 1/3 1909

HARRY O. ANDREAE PERMIT CLERK.

Registrar

7x9

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 — 1908

I HEREBY CERTIFY, That I attended deceased from Dec 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick Martin M.D.

Address Conn

Date Jan 2 1909

Place of Burial Mt. Auburn Cem.

Date January 3 1908

Undertaker John H. Toadvine

Address 1426 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C18385 Registered No. B C18385 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 2860 W/L Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hazel M. Garriott

{ Residence, if in Baltimore, Give Street and Number. } 2860 W/L Lafayette Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH — 1903

AGE 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles D Garriott

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mollie Larkin

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Garriott

(Address) 2860 Lafayette Ave

Filed 1/3 1909 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 1st 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1908 to Jan. 1 1909 that I last saw her alive on Jan. 1 1909, and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Broncho Pneumonia (DURATION) DAYS

(Signed) Roscoe C. Metzel M.D.

Address 1903 W. North Ave

Date Jany 2 1909

Place of Burial New Cathedral

Date Jany 3 1908

Undertaker Marsh Fahey Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C18386

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18386

CERTIFICATE OF DEATH.

40

(Place of Death.) No. St. Joseph's German Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Vauth

Residence, Give Street and Number, St. Joseph's German Hospital

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR white

DATE OF BIRTH — 1853

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Anthony Fath

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Margaret Vach

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nick Frenzel

(Address) 1406 McCulloh St

Filed 1/3 1909

HARRY O. ANDREWS, PERMIT CLERK.

Remarks 7+9

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 1st 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 1 1908

that I last saw h-in alive on Jan 1 1908

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion —

(DURATION) DAYS

Contributory (Primary) Carcinoma of Breast

(DURATION) DAYS

(Signed) Elmer Gill Hall M. D.

Address St. Joseph's Gen Hospital

Date Jan 2nd 1908

Place of Burial Holy Redeemer

Date Jany 4 1908

Undertaker Martin Fahey & Sons

Address 406 Lafayette Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — Registered No. C 018387

018387
93

CERTIFICATE OF DEATH.

(Place of Death.) No. 815½ E Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dombrowska

Residence, Give Street and Number, 815½ E Pratt St-

Duration of Residence in Baltimore, 10 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: March 13 1877

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Poland

FULL NAME OF FATHER: Kazmer Dombrowski

BIRTHPLACE OF FATHER (State or county): Poland

MAIDEN NAME OF MOTHER: Mary Sakolisrst

BIRTHPLACE OF MOTHER (State or county): Poland

OCCUPATION OF DECEASED: Tayler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antony Sandkwick

(Address) 815½ E Pratt St

Filed 1/3 1909. HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 31 — 1908

1 HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at M.

CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thos Sandkw Coroner M. D.

Address 320 N Greene St.

Date 190

Place of Burial Holy Rosary

Date Jan 5 1909

Undertaker Joseph Zborowski

Address 1703 Eden Ave

Remarks 7×3

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C18388

Registered No. C C18388

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 E Oliver St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma G. Bell.

Residence, Give Street and Number, 1215 E. Oliver

Duration of Residence in Baltimore, 16 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH ..... 1 .....

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER James Bradway

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Schepler

(Address) 2009 Cromwell

Filed 1/3 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 1 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Fred'k Carullen M. D.

Address 1200 N Carey

Date Jan 2 1909

Place of Burial Greenmount

Date Jan 4 1909

Undertaker Wm Cook

Address 502 E Northern

Remarks 2 ok

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death.***

Ward 18389

Registered No. B 18389

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Jenkins 93

{ Residence, if in Baltimore, Give Street and Number. } 2244 Cambridge St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH

AGE 16 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William E Jenkins

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary V Balk

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Jenkins

(Address) 2244 Cambridge

Filed 1/3 1909

HARRY O. ANDREWS PERMIT CLERK.

209 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1st 1909

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1908 to Jan 1st 1909 that I last saw h alive on Jan 1st 1909, and that death occurred, on the date stated above, at 1 30

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ernest X Cullen M.D.

Address Johns Hopkins Hospital

Date January 1st 1909

Place of Burial Oak Lawn

Date Jan 5th 1909

Undertaker Wm Cook

Address 702 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

Ward 3 C18368

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 018350

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 Albemarle St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis B. Peitzer

Residence, Give Street and Number, 105 Albemarle St.

Duration of Residence in Baltimore, All life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH 18 December 1907

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Balto md

FULL NAME OF FATHER Arron Seitzer

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Fannie Shas

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/3 1909

HARRY C. ANDREWS, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 3 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1909 to Jan. 3 1909

that I last saw him alive on Jan 3 1909

and that death occurred, on the date stated above, at 9. 15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Tocemia

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) 6 DAYS

(Signed) Daniel N. Leute M. D.

Address 1126 Cathedral St

Date Jan. 3. 1909

Place of Burial Hebrew-Herring Run

Date Jan. 3 1909

Undertaker May Lemmer

Address 1621 McElderry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. C C18391

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Ave Mount Washington Dalto Co. Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

On Main Prima. R.R. between Lake station & Union Station

Full Name Isabella Sweeney Baltimore Md.

Residence, Give Street and Number, Cor. Hopkins Ave & Calvert Ave.

Duration of Residence in Baltimore, 40 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1862

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Pa.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene P. Vaughan

(Address) 1107 Clifton Place

Filed 1/12 1909 PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 1st 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11.10 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Edema. Odema.

Cardiac Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. D.

Address 1657 Bruadway

Date Jan 2/09 1909

Place of Burial Mt. Olivet

Date Jany 4 1909

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON BACK.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C 18352

1 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 Reese St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Adeline Miles

Residence, Give Street and Number, 16 Reese

Duration of Residence in Baltimore, life C 18392

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F

COLOR: B

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Dant Senat

BIRTHPLACE OF FATHER (State or county): Hanks Senat

MAIDEN NAME OF MOTHER: Dats Senat

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Miles

(Address) 16 Reese St

Filed 1/13 1909

HARRY C. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 1 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6 05 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's disease

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Joseph Carnes M. D.

Address Corner Md

Date Jan 1 09 1909

Place of Burial Laurel Cemetery

Date Jan 3 1908

Undertaker R St Elliott

Address 506 Rogers Ave.

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, [illegible]

Ward 9 Registered No. C

CERTIFICATE OF DEATH.

C18393/57

(Place of Death.) No. 1765 Carlisle Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rogers Frances

Residence, Give Street and Number, 1765 Carlisle Place.

Duration of Residence in Baltimore, Life Time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Mal

COLOR: Colard

DATE OF BIRTH: 1

AGE: ....years, ...months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Rogers Frances

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary Wright

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wright

(Address) 1765 Carlisle Place

Filed 1/3 1909

Registrar.

HARRY U. [illegible]
C. [illegible]
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 2. 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 2 1909

that I last saw h[illegible] alive on Jan 1 1909

and that death occurred, on the date stated above, at 4-15 P M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) ....DAYS

Contributory (Primary) Congenital Debility

(DURATION) ....DAYS

(Signed) Wm A Y White M. D.

Address 1101 Broadway

Date Jan 2 1909

Place of Burial Laurel Cemetery

Date Jan 3 1909

Undertaker R S Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW

Ward 6

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 1507

CERTIFICATE OF DEATH.

(Place of Death.) No. 2016 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecil Carpenter

Residence, Give Street and Number, 2016 E Lombard

Duration of Residence in Baltimore, Life C183941

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH Jan 2nd 1909

AGE X years, 6 Hours months, X days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto. My

FULL NAME OF FATHER Wm A. Carpenter

BIRTHPLACE OF FATHER (State or couuty) Va

MAIDEN NAME OF MOTHER Nettie Messick

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Carpenter

(Address) 2016 E Lombard St

Filed 1/3 1908 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 2 1909

I HEREBY CERTIFY, That I attended deceased from \ 190 to \ 190

that I last saw h \ alive on \ 190

and that death occurred, on the date stated above, at 9 12 M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital Heart Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carrollton M. D.

Address Coroners Office

Date Jan 3 1909

Place of Burial Mt Carmel Cem

Date Jan 3rd 1909

Undertaker Geo M. Frank

Address 811 N. Wolfe St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C18395

91

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 706, E Preston St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Paris

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Dec 24 1852
AGE	56 years, 7 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Archibald Paris
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary D. Tierney
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Hackman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nellie Baris

(Address) 706 Preston St.

Filed Jan 3. 1908 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) December (Day) 31st (Year) 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Dec 31 1908

that I last saw h[illegible] alive on Dec 31 1908,

and that death occurred, on the date stated above, at 8 30 P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

[illegible] (DURATION) 5 years DAYS

Contributory Exhaustion

(DURATION) - DAYS

(Signed) Howard E. Wooden M. D.

Jan 7 1909 (Address) 732 E Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 9 1909
UNDERTAKER	ADDRESS
J Ahrens & Co	160 Madison ave

Ward 17 Registered No. B 131

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lena Norton

{ Residence, if in Baltimore, Give Street and Number. } #407 E. 20th St

Duration of Residence in Baltimore. Life C18396

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1873.

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Norton Husband

(Address) 407 E 20th St

Filed Jan 3 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1st 1909

I HEREBY CERTIFY, That I attended deceased from Oct 19th 1908 to Jan 1st 1909

that I last saw h er alive on Jan 1st 1909,

and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - with

Pneumonia. Embolism of

Coronary Arteries.

(DURATION) ..... DAYS

Contributory (Primary.) Ovarian Cyst.

(DURATION) ..... DAYS

(Signed) E. A. Strauss Jr. M.D.

Address City Hosp.

Date Jan 1 1909

Place of Burial St Mary's (Cremation)

Date Jan. 4, 1909

Undertaker John J. Fahey & Son

Address 1232 Hillman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

Ward 11

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C1833 92

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Smith

Residence, Give Street and Number, Catonsville Md

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto Co Md

FULL NAME OF FATHER: Wm H Smith

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Pye

(Address) 506 Rogers Ave

Filed 1/4 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 1-2 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2 1909 to Jan 2 1909

that I last saw h alive on Jan 2 1909

and that death occurred, on the date stated above, at 2.45 P M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Broncho-pneumonia

(DURATION) DAYS

(Signed) Wm H Bay M. D.

Address University Hospital

Date Jan 2nd 1909

Place of Burial Sarers Cemetery

Date Jan 4 1909

Undertaker R N Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of ...

Ward 15 — C18398 — Registered No. C [illegible]

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1434 N. Mount St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm. H. Askins

Residence, Give Street and Number, 1434 N. Mount St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: ... 1 ...

AGE: About 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Richard Askins

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Eastern Shore Md

BIRTHPLACE OF MOTHER (State or county): Annie Askins

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie F Askins

(Address) 1434 N Mount St

Filed 1/4 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 2 1909.

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) [illegible] M. D.

Address 700 N. Lafayette Ave (Corner)

Date Jan. 2 1909

Place of Burial Laurel Cemetery

Date Jan 4 1909

Undertaker R A Elliott

Address 506 Rogers Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended (during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

and the cause and date of death.

Ward 7 C18399 Registered No. B C18[illegible]

CERTIFICATE OF DEATH. 1908

(Place of Death.) No. 784 Ensor St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles R Williams

{Residence, if in Baltimore, Give Street and Number.} 407 21½ St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles H Williams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Williams

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Washington

(Address) 407 21½ St

Filed 1/4 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1909

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Jan 2 1909

that I last saw h[illegible] alive on Jan 2 1909,

and that death occurred, on the date stated above, at 5.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's disease

apoplexy

Paralysis

17 hrs (DURATION) 6 DAYS

Contributory (Primary.) apoplexy & Dr

Bright's continued (DURATION) 1 yr 2 mo 6 DAYS

(Signed) Dr G W Emmard M.D.

Address 708 Ensor St.

Date Dec 2 - 1909

Place of Burial Same County

Date Jan 4 1908

Undertaker R N Elliott

Address 506 Roger-man

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C18400 Registered No. B C18400

CERTIFICATE OF DEATH.

1910

(Place of Death.) No. 218 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry C. Heusler

{Residence, if in Baltimore, Give Street and Number.} 218 N. Castle St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 12th 1866

AGE 42 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Ernst Heusler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Theresa " "

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ilora A Heusler

(Address) 218 N. Castle

Filed 1/4 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31 1908

I HEREBY CERTIFY, That I attended deceased from Dec: 27 1908 to Dec 30 1908 that I last saw h in alive on Dec: 30 1908 and that death occurred, on the date stated above, at 1.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

Uremia — Pericarditis

Unknown. (DURATION) DAYS

Contributory (Primary) Chronic Nephritis

Unknown. (DURATION) DAYS

(Signed) Alfred Whitehead M.D.

Address 1415 Eutaw Place

Date January 2 1909

Place of Burial Holy Redeemer

Date 1/4/09 1909

Undertaker J. Herwig Son

Address 1008 Allison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAD THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

C18401

Registered No. C C18401

CERTIFICATE OF DEATH.

(Place of Death.) No. 163 W. Henriette St. 120

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick H. Guntermann

Residence, Give Street and Number, 163 W. Henriette St.

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 26th 1879

AGE: 29 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Frank H. Guntermann

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kunigunda A. Guntermann

(Address) 163 W. Henriette St.

Filed 1/4 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 3rd 1909

I HEREBY CERTIFY, That I attended deceased from August 1st 1908 to Jan 2nd 1909 that I last saw him alive on Jan 2nd 1908 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's Disease

(DURATION) 150 DAYS

Contributory (Primary)

Heart Failure (DURATION) 1 DAYS

(Signed) E. Michaux M. D.

Address 328 N. Gilmor st

Date Jan 3rd 1909

Place of Burial Baltimore Cemetery

Date Jan. 5th 1909

Undertaker Jno & Jas John V. Teufel.

Address 801 W. Fayette St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 16 C18402 Registered No. C C18402 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Gibney

Residence, Give Street and Number, 1043 Hollins

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH Nov 28 1857

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Wm Douglas

BIRTHPLACE OF FATHER (State or couuty) Balto

MAIDEN NAME OF MOTHER Ann E. Wheeler

BIRTHPLACE OF MOTHER (State or county) Brooklyn N.Y.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Heckman

(Address) 1043 Hollins St

Filed 1/4 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 2 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide by hanging. Premeditated.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Hubert C Blake M. D.

Address 1014 N LaFayette

Date Jan 2. Coroner 1909

Place of Burial Greenmount

Date Jan 4th 1909

Undertaker E Madison Mitchell

Address 1201 W Fayette st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

Ward 11 C18403 Registered No. C C18403

CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. 1018 Mc Culloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta V. Madden

Residence, Give Street and Number, 1018 Mc Culloh

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH January 22nd 1851

AGE 57 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Geo. A. Cook

BIRTHPLACE OF FATHER (State or county) Balto., Md.

MAIDEN NAME OF MOTHER Spurk

BIRTHPLACE OF MOTHER (State or county) ——

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. J. Madden

(Address) 1018 Mc Culloh St

Filed 1/4 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 2nd 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1908 to Jan. 1 1909

that I last saw her alive on Jan. 1 1909

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Chronic Bronchitis (DURATION) 3 yrs

(Signed) R. A. Wagner M. D.

Address 939 W. Lombard

Date Jan. 3 1909

Place of Burial Mt. Olivet Cem.

Date January 4th 1909

Undertaker Martin Fahey & Son

Address 606 Fayette Ave

Remarks

C18404

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

Registered No. B C18404

City of Baltimore, (No. 2228 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothy Lee Lyon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal

COLOR: white

DATE OF BIRTH: May (Month) 6 (Day) 1906 (Year)

AGE: 2 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Walter R. Lyon

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Lee Steinbach

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter R. Lyon

(Address) 2228 N. Calvert St

Filed 1/4 1909

HARRY C. ANDREWS., Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 3rd (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1908 to Jany 3rd 1909 that I last saw her alive on Jany 2d, 1909, and that death occurred, on the date stated above, at 7.10 A. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis
Pneumonia

(DURATION) 13 DAYS

Contributory —

(DURATION) 13 DAYS

(Signed) H. H. Biddle M. D.

Jany 3rd 1909 (Address) 1101 W. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount	Jany 4 1909
UNDERTAKER	ADDRESS
E. M. Mitchell	1201 W. Fayette

2 P. M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C18405 Registered No. B C18405

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 511 New Boundary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Wallis Robinson

{Residence, if in Baltimore, Give Street and Number.} Above

Duration of Residence in Baltimore. Most of Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 11 1878

AGE 30 years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry H Robertson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Dashiell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W G Brechen

(Address) 511 New Boundary

Filed 1/14 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1. 1. 1909

I HEREBY CERTIFY, That I attended deceased from July 1908 to 1. 1. 1909

that I last saw him alive on 1. 1. 1909

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

(DURATION) 1 Yr ~~DAYS~~

Contributory (Primary.) Senility

(DURATION) ..... DAYS

(Signed) J. D. Egbert M.D.

Address 211 W. Lanvale St

Date 1. 3- 1909

Place of Burial Loudon Park

Date Jany 4 1909

Undertaker W. Pickup & Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18406 Registered No. B C18406

155

CERTIFICATE OF DEATH.

(Place of Death.) No. University of Md. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Rubenacker

{Residence, if in Baltimore, Give Street and Number.} 873 Hollins St.

Duration of Residence in Baltimore. 5 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male- COLOR White

DATE OF BIRTH Aug - 30 th 1870

AGE 38 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Henry Rubenacker

BIRTHPLACE OF FATHER (State or country) Europe.

MAIDEN NAME OF MOTHER Chrastina Rubenacker

BIRTHPLACE OF MOTHER (State or country) Europe-

OCCUPATION OF DECEASED Artist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Geo Rubenacker

(Address) 873 Hollins St.

Filed ..... 190.....

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Jan 3 1907

that I last saw him alive on Jan 2 1907,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carbolic Acid Poison

Suicide (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) P Martin M.D.

Address Lyon

Date Jan 2 1908

Place of Burial Washington D.C.

Date Jan - 4 th 1907

Undertaker Wm J Gaulbrecht

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18407 Registered No. C C18407

CERTIFICATE OF DEATH.

145

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis A. Desserreaux

Residence, Give Street and Number, 906 N. Broadway

Duration of Residence in Baltimore, 65 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH July 12th 1843

AGE 65 years, 5 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~. Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Augustus Desserreaux

BIRTHPLACE OF FATHER (State or county) France

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Desserreaux Wife

(Address) 906 N Broadway

Filed 1/4 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 2, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1908 to Jan. 2, 1909 that I last saw him alive on Jan. 2, 1909 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion & heart failure.

(DURATION) 4 wks DAYS

Contributory (Primary) Cancer of bladder

(DURATION) DAYS

(Signed) D. H. Streett M. D.

Address Md. Gen. Hospital

Date Jan. 2 1909.

Place of Burial Lorraine Cemetery

Date January 5th 1909

Undertaker George Schilling & Sons

Address 1126 E Monument st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C18408 Registered No. C [illegible]

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 718 W. Barre St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine Wöseling

Residence, Give Street and Number, 718 W. Barre

Duration of Residence in Baltimore, 63 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: April 3 1836

AGE: 72 years, 9 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Caspar Groman

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Margaret Schieffer

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Joesdens

(Address) 217 S. Paca.

Filed 1/4 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 3rd 1909

I HEREBY CERTIFY, That I attended deceased from July 1908 to Jan 3rd 1909 that I last saw h alive on Jan 3 1909 and that death occurred, on the date stated above, at 3.05 P M. CAUSE OF DEATH (Secondary or Immediate,)

Senile Decay

(DURATION) 180 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edw Grumpler M. D.

Address 817 Scott St

Date Jan 4th 1909

Place of Burial Western Cemetery

Date January 6 1909

Undertaker Jos. Joesdens. Son

Address 217 S. Paca.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C18409 Registered No. B C18405

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 E. Hamilton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Hawkins

{Residence, if in Baltimore, Give Street and Number.} 20 E. Hamilton St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 76 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hawkins

(Address) 20 E. Hamilton St.

Filed 1/4 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd 1909

I HEREBY CERTIFY, That I attended deceased from Oct 30 1908 to Jan 3 1909

that I last saw h[im] alive on Jan 3 1909

and that death occurred, on the date stated above, at 11.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Haemorrhage

(DURATION) 2 mo DAYS

Con[tri]butory (Primary.) Asthenia

(DURATION) — DAYS

(Signed) William E. Burton M.D.

Address 962 Dolphin

Date Jan 4th 1909

Place of Burial New Cathedral Cemetery

Date Jan 6th 1909

Undertaker William C. Black

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C18410 Registered No. C C18410

CERTIFICATE OF DEATH.

1909

(Place of Death.) No. 811 Low St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Paul

Residence, Give Street and Number, 811 Low St.

Duration of Residence in Baltimore, 1 Month

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female COLOR: white

DATE OF BIRTH: Sept 25 1908

AGE: ..... years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Co

FULL NAME OF FATHER: Geo F. Paul

BIRTHPLACE OF FATHER (State or county): Virginia

MAIDEN NAME OF MOTHER: Ollie Gardan

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F. Paul.

(Address) 811 Low St.

Filed 1/4 1909 HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 3rd 1909

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Jan. 3 1909

that I last saw h alive on Jan. 2nd 1909

and that death occurred, on the date stated above, at 12 P M. CAUSE OF DEATH (Secondary or Immediate,)

Enteritis

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thos H. Magness M. D.

Address 1516 E Balto St

Date Jan. 3d 1909

Place of Burial Baltimore Gen.

Date Jan 5 1909

Undertaker Lowbook

Address 502 E. North ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 24

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18411

176 F

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Garrett Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Joseph & Catherine Wagner
Full Name

Residence, Give Street and Number, 1424 Garrett Ave

Duration of Residence in Baltimore, Ltr

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W

DATE OF BIRTH: 1 — 3 — 1909

AGE: — years, — months, 2 Hours. days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Joseph Wagner

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Catherina Reinick

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Wagner

(Address) 1424 Garrett ave.

Filed 1/4 1909

HARRY O. ANDRADE, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 1 — 3 — 1909

I HEREBY CERTIFY, That I attended deceased from 1 — 3 — 1909 to 1 — 3 — 1909

that I last saw h alive on 1 — 3 — 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Prolonged birth

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) — DAYS

(Signed) Strook, M. D.

Address 1510 E. Fort Ave

Date 1 — 3 — 1909

Place of Burial Catholic Holy Cross A.C.

Date Jan 4th 1909

Undertaker Joseph Hunt Lech

Address 1318 Light St

Remarks Baby died as result of prolonged birth & forceps delivery

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C18412 Registered No. B C18412

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1828 Byrd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Mustin

{Residence, if in Baltimore, Give Street and Number.} 1828 Byrd

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug. 1834

AGE: 75 years, 5 months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: house keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Kirby

(Address) 1828 Byrd st.

Filed 1/4 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1 1909

I HEREBY CERTIFY, That I attended deceased from Dec 10 1908 to Jan 1 1909 that I last saw h-r alive on Jan 1 1909, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Debility
7 days

(DURATION) DAYS

Con tributory (Primary.)

(DURATION) DAYS

(Signed) D. T. McGrath M.D.

Address 1228 Aisquith

Date Jany 4 " 1909

Place of Burial Cedar Hill

Date Jan 5 " 1909

Undertaker Jas. Stumbaugh

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C18413 Registered No. C C18413

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Jacobs

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR B

DATE OF BIRTH — 1

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Va —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asst Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/4 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 1 1909

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Jan 1 1909

that I last saw h alive on Jan 1 1909

and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsia

(DURATION) DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) DAYS

(Signed) H. H. Baker M. D.

Address Bay View Asylum

Date Jan 1 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date Jan 2 1909

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B C18414

City of Baltimore, (No. 1012, E. Fayette St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Goldie Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Simon Wolff

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Cecila Wolff

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moris Rosenblatt

(Address) 1138 N. Eagle

Filed 1/4 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 4th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1909 to Jan 2nd 1909 that I last saw h[er] alive on Jan. 1st 1909, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(DURATION) 9 Mos.

Contributory ..... (DURATION) DAYS

(Signed) A. Fraser M. D.

Jan 4th 1909 (Address) 2003 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Hebrew Boasdale — DATE OF BURIAL: Jan 4, 1909

UNDERTAKER: Marx Lenisman — ADDRESS: 1620 Mc Elderry st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

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THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 18415

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1124 Orleans St.

(If Death occurred at Hospital or Institution, give its Name instead of Street and Number.)

Full Name Freida Samet

Residence, Give Street and Number, 1124 Orleans

Duration of Residence in Baltimore, & 21 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH

AGE 60 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Israel Bear

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Frieda Bear

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Samet

(Address) 1124 Orleans st

Filed 1/4 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h... alive on ... 190

and that death occurred, on the date stated above, at 1 4 M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) Fredk Carruthers M. D.

Address Corner N Y

Date Jan 4 08 190

Place of Burial Hebrew Hunting Park

Date Jan 4, 190

Undertaker Max Linton

Address 1610 McElderry st

Remarks

Ward 16 Registered No. C

CERTIFICATE OF DEATH.

36

(Place of Death.) No. 1941 Mosher St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name George E. Lautenberger

Residence, Give Street and Number, 1941 Mosher St

Duration of Residence in Baltimore, Life C 18 416

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 12 1908
AGE	— years, 3 months, 21 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	City
FULL NAME OF FATHER	Walter M. Lautenberger
BIRTHPLACE OF FATHER (State or county)	Md
MAIDEN NAME OF MOTHER	Edith J. Eltins
BIRTHPLACE OF MOTHER (State or county)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter M Lautenberger

(Address) 1941 Mosher St.

Filed 1/4 1909

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany 2 1909

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Jany 2 1909

that I last saw him alive on Dec 30 1908

and that death occurred, on the date stated above, at about 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis - Complicated with Probable Rupture of blood vessel in Brain

1 (DURATION) Days

Contributory (Primary) Hereditary Ghee

Faint (DURATION) Life Days

(Signed) W.M. Lewis M. D.

Address 1220 Linden Ave

Date Jany 2 1909

Place of Burial Druid Ridge

Date Jan. 2nd 1909

Undertaker G. F. Walker

Address 723 Eutaw

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 15 Registered No. C 18417

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stewart Goodwin

Residence, Give Street and Number, 1414 Retreat St

Duration of Residence in Baltimore, 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1883

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): St Marys County Md

FULL NAME OF FATHER: Chas J. Goodwin

BIRTHPLACE OF FATHER (State or county): St Marys Md.

MAIDEN NAME OF MOTHER: Minnie Stewart

BIRTHPLACE OF MOTHER (State or county): Calvert Co Md.

OCCUPATION OF DECEASED: Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J. Goodwin

(Address) St Marys Md.

Filed 1/4 1909

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Jan 4 1909

that I last saw h in alive on Jan 4 1908

and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage from bowel

(DURATION) ..... DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 18 DAYS

(Signed) S. H. Streett M. D.

Address Md Genl Hosp.

Date Jan 4 1909

Place of Burial Portobello St Marys Co Md

Date Jan 5th 1909

Undertaker J. M. Caulfield

Address Tuttle & Linden Sts.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18418 1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 2016 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clyde Barbeules

Residence, Give Street and Number, 2016 E Lombard

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX m COLOR W

DATE OF BIRTH Jan 2nd 1909

AGE X years, X months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Wm A Carpenter

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Nettie Carpenter

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Carpenter

(Address) 2016 E Lombard St

Filed 1/4 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 3 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190 1/2

and that death occurred, on the date stated above, at 10 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cong Malformation of Heart

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carruthers M. D.

Address Corner Keen

Date Jan 4 1909

Place of Burial Mt Carmel

Date Jan 4 " 1909

Undertaker Geo M. Frick

Address 811 N Wolfe St

Remarks

Ward 17 C18419 Registered No. B C18419

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Penney St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Adam Thater

{Residence, if in Baltimore, Give Street and Number.} 1404 Penney St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Divorced~~ Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Conrad Thater

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Adlein Thater

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 1/4 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1909.

I HEREBY CERTIFY, That I attended deceased from Dec 25. 1908 to Jan 2. 1909.

that I last saw h[illegible] alive on Jan 1. 1909.,

and that death occurred, on the date stated above, at 9. A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 16. DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) 16 DAYS

(Signed) [illegible] M.D.

Address 1730 Aisquith St

Date Jan. 2, 1909.

Place of Burial Woodlawn

Date Jan 5th 1909

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 4 — Registered No. C C18420

C18420

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 2617 Hillside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick H Markert

Residence, Give Street and Number, 2617 Hillside Ave

Duration of Residence in Baltimore, 29 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH November 1 1879

AGE 29 years, V months, ——— days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~. Married

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER August Markert

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Lotta Lohmuller

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Laundry man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Markert

(Address) 2617 Hillside Ave

Filed 1/4 1909

BARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany — 1 — 1909

I HEREBY CERTIFY, That I attended deceased from 12 — 1 — 1908 to 1 — 1 1909

that I last saw h~~im~~ alive on 1 — 1 1909

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart ~~fail~~ failure —

(DURATION) 4 DAYS

Contributory (Primary) Ileo colitis —

(DURATION) 35 DAYS

(Signed) S. Dreuco M. D.

Address 1604 Linden ave

Date 1 — 3 — 1909

Place of Burial Baltimore Cemet

Date January 1 1909

Undertaker Robt T. Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C C18421

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anthony Harris

Residence, Give Street and Number, 1404 Chase St. Baltimore, Md.

Duration of Residence in Baltimore, 1 month.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 26, 1908.

AGE: ..... years, ... months, 40 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Arthur Harris.

BIRTHPLACE OF FATHER (State or county): Pennsylvania

MAIDEN NAME OF MOTHER: Lena Harris

BIRTHPLACE OF MOTHER (State or county): England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Union P. Inf.

(Address) Dundalk Md.

Filed 1/4 1909

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 4th 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1908 to Jan. 4, 1909

that I last saw him alive on Jan. 4, 1909

and that death occurred, on the date stated above, at 5:15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

(DURATION) 2 hours ~~DAYS~~

Contributory (Primary)

Congenital debility (DURATION) 40 DAYS

(Signed) Harry L. Howell M. D.

Address Union Protestant Infirmary

Date January 4th 1909

Place of Burial Baltimore Cem

Date Jany. 6. 09 1909

Undertaker Wm. Cook

Address 502 E Fort Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 25 Registered No. B 33

CERTIFICATE OF DEATH.

(Place of Death.) No. 1731 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Offie E. Hentzen

{Residence, if in Baltimore, Give Street and Number.} 1737 Hanover St

Duration of Residence in Baltimore. Life C 18422

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1880

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carroll Co. Md.

FULL NAME OF FATHER Louis Hentzen

BIRTHPLACE OF FATHER (State or country) Carroll Co. Md.

MAIDEN NAME OF MOTHER Rebecca Reinhardt

BIRTHPLACE OF MOTHER (State or country) Carroll Co. Md.

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hentzen

(Address) 1737 Hanover St

Filed June 4 1908 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2 1908

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to June 2 1908

that I last saw h. living alive on June 2 1908.

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Meningitis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Sym M.D.

Address 909 Calhoun

Date June 4 1908

Place of Burial Loudon Park Cem.

Date June 5 1908

Undertaker J. J. Fahey & Son

Address 1232 Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C18423 Registered No. B C18423

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 578 Baker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary B. Mills.

{Residence, if in Baltimore, Give Street and Number.} 578 Baker St.

Duration of Residence in Baltimore. 9 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: wm g mills

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: sarah Barrett

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Mills

(Address) 578 Baker st

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3 1909

I HEREBY CERTIFY, That I attended deceased from 1-2 1909 to 1-3 1909

that I last saw h alive on 1-3 1909

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Bronchitis (DURATION) DAYS

(Signed) M A Smith M.D.

Address Md. Gen. Hospital

Date 1-4 1909

Place of Burial Laurel Cemetery

Date January 6-th 1909

Undertaker Felix B Frye

Address 1022 mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward / 24 — C18424 — Registered No. C C18424

CERTIFICATE OF DEATH.

(Place of Death.) No. 2631 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa B. Ernst

Residence, Give Street and Number, 2631 Canton Ave

Duration of Residence in Baltimore, City Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: Sept 13 1897

AGE: 11 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto Co.

FULL NAME OF FATHER: John Ernst

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Fredericka Barbarco

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mr L. Ernst

(Address) 2631 Canton Ave

Filed 1/5 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 3d 1909

I HEREBY CERTIFY, That I attended deceased from Decbr. 29, 1908 to Jan. 3d 1909

that I last saw her alive on Jan 2d 1909

and that death occurred, on the date stated above, at 12 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure

(DURATION) one DAYS

Contributory (Primary) Typhoid Pneumonia

about one week (DURATION) DAYS

(Signed) Fredk A Consadine M. D.

Address 2221 E. Balt. St.

Date January 4th 1909

Place of Burial 1st German Cem

Date Jan 5th 1909

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C18425 Registered No. B 4

CERTIFICATE OF DEATH. C18425

(Place of Death.) No. 334 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Harris

{ Residence, if in Baltimore, Give Street and Number. } 334 W. Preston st

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm. Craig

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Harris

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aaron T. Thomas

(Address) 334 W. Preston st

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd, 1909

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to Jan 3rd 1909 that I last saw h[illegible] alive on Jan 2 1909, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) La Grippe (DURATION) 11 DAYS

(Signed) W. Gantzhoff. M.D.

Address 354 N. Biddle st

Date Jan 4th 1909

Place of Burial Lakefield Cem

Date Jan 5th 1909

Undertaker Alex Hamsley

Address 534 W. Biddle st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — Registered No. B C18426 — C18426

CERTIFICATE OF DEATH.

(Place of Death.) No. 1381 Woodyear St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Johnson

{Residence, if in Baltimore, Give Street and Number.} 1381 Woodyear St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1876

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Robert Spriggs

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Jennings

(Address) 1381 Woodyear St

Filed 1/5 1909 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 2d 1909

I HEREBY CERTIFY, That I attended deceased from Nov 29 1908 to Jany 2 1909

that I last saw her alive on Jany 2 1909, 5.20

and that death occurred, on the date stated above, at 10.0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (DURATION) 9 Mos

Contributory (Primary.)

Cardiac Weakness (DURATION) 9 Mos

(Signed) Edward E. Mackenzie M.D.

Address 1339 N North Ave.

Date Balto Jany 4th 1909

Place of Burial Mt Zion Cemetery

Date January 5 — 1909

Undertaker Alex Hornsley

Address 78 N Bickelle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C18427 19

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Koongold

Residence, Give Street and Number, 5 N. Eden pt. (Koongold)

Duration of Residence in Baltimore, 5 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR~~ DIVORCED.

BIRTHPLACE (State or county): Russia

FULL NAME OF FATHER: Jacob Koongold

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Marion Koongold

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Bloom

(Address) 5 N Eden st

Filed 1/5 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 4 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 28 1908 to Jan. 4 1909 that I last saw h[im] alive on Jan. 4 1909 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Acute dilatation of heart

(DURATION) DAYS

(Signed) Wm Schmitt M. D.

Address City Hospital.

Date Jan. 4 1909.

Place of Burial Hebrew Woodlawn

Date Jan. 5, 1909

Undertaker Mrs Lennon

Address 1020 N. Eden st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

Ward 14

Registered No. C [illegible]

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St Vincents to Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Price

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, C18428

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address) .....

Filed 1/5 1908

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Jan 1 1909 that I last saw h alive on " " 1909 and that death occurred, on the date stated above, at 4 P M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J Hartin M. D.

Address .....

Date Jan 4 1909

Place of Burial Mt Carbon

Date Jan 4 1909

Undertaker Martin Fahey & Sons

Address 1006 Lafayette Ave

Remarks .....

Ward 14 Registered No. C

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sadie Bernstein

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life C18429

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W.

DATE OF BIRTH 1904

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 1/5 1908

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 2 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1907 to Jan 1 1908 that I last saw her alive on " " 1908 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Fabricius-Martin M. D.

Address .....

Date Jan 4 1908

Place of Burial Jew Cathedral

Date Jan 4 1908

Undertaker Martin Kahn & Bro

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 C18430 Registered No. C C18430

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 151

Full Name Mary Heines

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR Ch.

DATE OF BIRTH 1906

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or couuty) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 1/5 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 3 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Jan 3 1909

that I last saw h alive on Jan 2 1909

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date Jan 4 1909

Place of Burial Mt Cathedral

Date Jan 4 1909

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C18431 Registered No. C C18431

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Sinclair

Residence, Give Street and Number, St Vincents Inf Asy.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR Pr.

DATE OF BIRTH 1908

AGE 9 months,

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or couuty) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 1/5 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 3 1909

I HEREBY CERTIFY, That I attended deceased from Dec 6 1908 to Jan 2 1909

that I last saw her alive on 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick Martin M. D.

Address

Date Jan 4 1909

Place of Burial New Cathedral

Date Jan 4 1909

Undertaker Martin Fahy & Sons

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C18432 Registered No. B C18432

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 706 N Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Whittle

{Residence, if in Baltimore, Give Street and Number.} 706 N Arlington Ave

Duration of Residence in Baltimore. 50 yrs White

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1838

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thomas J Carter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Josephine Allen

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs McHarry

(Address) 706 Arlington Ave

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Dec 2 1908 to Jan 4 1909 that I last saw her alive on Jan 3 1909, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 33 DAYS

(Signed) John E Huck M.D.

Address 647 W. Lafayette Ave

Date Jan 4 1909

Place of Burial London Park

Date Jany 6 1909

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, to furnish within *eighteen hours after death*, to the Undertaker or other person having charge of the burial of the deceased, and the same can be ascertained, the

Ward 7

C18433 Registered No. B

CERTIFICATE OF DEATH.

6 V

Place of Death.) No. 652 W. Barre St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Muhl Jr

{Residence, if in Baltimore, Give Street and Number.} 652 W. Barre St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 4 1852

AGE: 56 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: George Muhl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Oyster dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Muhl

(Address) 652 W. Barre St.

Filed 1/5 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 4 1909

that I last saw h[illegible] alive on Jan 3 1909

and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tabes Dorsalis

(said to have come on 5 yrs

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Mull M.D.

Address 12 N. Hill

Date Jan 5 1909

Place of Burial Loudon Park Cemetery

Date Jan. 6 1909

Undertaker James Dignan & Sons

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18434

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

45

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18434

City of Baltimore, (No. 520, Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephen D. Leitch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Stephen Leitch

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice A Leitch

(Address) 520 Hanover St.

Filed 1/9 1909

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 2nd (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from July 11th 1908 to Jan 2nd 1909 that I last saw h[im] alive on Jan 2nd 1909, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Bladder

6 months (DURATION) ..... DAYS

Contributory Marasmus

..... (DURATION) 14 DAYS

(Signed) Hugh Edmunds M. D.

Jan 4 1909 (Address) 1573 Edmunds

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: LOUDON PARK

DATE OF BURIAL: JAN 5 - 1909

UNDERTAKER: Armstrong Denny Co.,

ADDRESS: 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. 43

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18435

City of Baltimore, (No. 700, N. Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Rebecca Jacobs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 14 (Day) 1871 (Year)

AGE: 37 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Anarundel Co Md

FULL NAME OF FATHER: Thomas S. Jacobs

BIRTHPLACE OF FATHER (State or country): Anarundel Co Md

MAIDEN NAME OF MOTHER: Kate S. Tydings

BIRTHPLACE OF MOTHER (State or country): Anarundle Co Md.

OCCUPATION OF DECEASED: Bible Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Jacobs.

(Address) 700 N. Monroe St.

Filed 1/5 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 3 (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 26 1908 to Dec 13 1908

that I last saw her alive on Dec 13 1908,

and that death occurred, on the date stated above, at 12 30 M. The CAUSE OF DEATH was as follows:

Cancer of the Breast

About Dis 300 (DURATION) DAYS

Contributory Do Not Know

(DURATION) DAYS

(Signed) D. A. Waltman M. D.

Jan 4 1909 (Address) 9 W Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: LOUDON PARK.

DATE OF BURIAL: JAN 5 - 1909

UNDERTAKER: Armstrong Denny Co.,

ADDRESS: 715 Light Street.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

Ward .....

C18436 Registered No. C .....

CERTIFICATE OF DEATH.

C18436

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Lee

Residence, Give Street and Number, 26 Morris Alley

Duration of Residence in Baltimore, 13 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White.

DATE OF BIRTH: .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/5 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 30 1908

I HEREBY CERTIFY, That I attended deceased from Dec 29 1908 to Dec 30 1908

that I last saw him alive on Dec 30 1908

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pleurisy

(DURATION) Unknown DAYS

(Signed) S. H. Strutt M. D.

Address Md Gen'l Hosp.

Date Jan 4 1909

Place of Burial COMMISSIONER OF P.

Date JAN 4 - 1909 1908

Undertaker Commissioner Health

Per Wm. E. WOODALL.

Address .....

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18436

94

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

Ward 17 C18437 Registered No. B C18437

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 841 Ramsay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Virgil Gerber

{Residence, if in Baltimore, Give Street and Number.} 871 Ramsay st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 18th 1

AGE ..... years, 1 months, 2 weeks days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michel G. Gerber

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sallie. Rash

BIRTHPLACE OF MOTHER (State or country) Chestertown

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/5 1909 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1909

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Jan 1 1909 that I last saw her alive on Jan 1 1909, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) J. Mosley Sloan M.D.

Address 721 Columbia Ave

Date Jan 3 '09 1909

Place of Burial COLLEGE OF P. & S

Date JAN 4 - 1909 1909

Undertaker Commission... Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C C18438

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Euson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Genivere Engles

Residence, Give Street and Number, 1118 Euson

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W

DATE OF BIRTH Dec 31 1900

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Saml Engles

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Mary L Ruckert

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml L Engles

(Address) 1118 Euson

Filed 1/5 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

Suddey

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Sophie Carullen M. D.

Address Corner N and

Date Jan 4 — 1909

Place of Burial New Cathedral

Date Jany 5 1909

Undertaker Robt Stevens

Address 1424 Broadway

Remarks Result of indigestion

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19

Registered No. B C18439

C18439

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1 Franklin Square Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Ortman

{Residence, if in Baltimore, Give Street and Number.} 24 Warner St. Hollins

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 17 1888

AGE: 21 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Hollins

FULL NAME OF FATHER: Wm. G. Ortman

BIRTHPLACE OF FATHER (State or country): Baltic

MAIDEN NAME OF MOTHER: Mary Stuckman

BIRTHPLACE OF MOTHER (State or country): Baltic md

OCCUPATION OF DECEASED: Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G Ortman

(Address) 14 Warner st

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 2. 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1909 to Jan 2 1909 that I last saw h. living alive on Jan. 2 1909, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gangrene of lung

(DURATION) 1 DAYS

Contributory (Primary.) Aspiration pneumonia (DURATION) 10 DAYS

(Signed) Chas Duffy M.D.

Address Franklin Sq. Hosp.

Date Jan 2 1909

Place of Burial Loudon Park Cem

Date January 5th 1909

Undertaker Robt. Brookseam

Address 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

IF THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 1

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 018440

CERTIFICATE OF DEATH.

19

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Perry Hood.

Residence, Give Street and Number, No residence in Baltimore

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown. 1

AGE: about 60 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Thomas Hood

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Catherine Grimes

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hood

(Address) 630 N. Gilmor St.

Filed 1/5 1909

HARRY O. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 4 - 1909

I HEREBY CERTIFY, That I attended deceased from Nov. - 1908 to Jan 4 - 1909

that I last saw him alive on Jan 3 - 1909

and that death occurred, on the date stated above, at —

a. M. CAUSE OF DEATH (Secondary or Immediate,)

Mitral regurgitation

general anasarca.

(DURATION) 2 wks DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M Hood M. D.

Address 604 N. Gilmor St

Date Jan 5 - 1909

Place of Burial Loudon Park

Date Jan 5 - 1908

Undertaker W. J. Thompson & Sons

Address Eastern Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V

C18441

Registered No. B C18441

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 S Ann St

St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Clarence E Meurer

{Residence, if in Baltimore, Give Street and Number.} 315 S Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 27th 1892

AGE: 16 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry J. E. Meurer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Clara L. Dobson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J. E. Meurer

(Address) 315 S. Ann St

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2nd 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 2 1909 that I last saw h — alive on Jan 2 1909 and that death occurred, on the date stated above, at 11 50 p m. CAUSE OF DEATH (Secondary or Immediate.)

Double - Pleuro Pneumonia

3 days (DURATION) — DAYS

Con'ributory (Primary.) Cardiac failure

(DURATION) DAYS

(Signed) J C Bruner M.D.

Address 125 E Biddle

Date Jan 4/08 1909

Place of Burial Mt Carmel

Date Jan. 5th 1909

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. C 18442

C18442

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 523 Union St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Steward

Residence, Give Street and Number, 523 Union St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 18

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Andrew Stewart

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Susie Williams

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Teamster driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. Mitruck, M. D.

(Address) 424 N. Lyon St

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 3, 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1909 to Jan 3 1909

that I last saw him alive on Jan 3 1909

and that death occurred, on the date stated above, at P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Toxaemia

(DURATION) DAYS

Contributory (Primary) Pulmonary Tub-

(DURATION) 200 DAYS

(Signed) J. F. Mitruck M. D.

Address 424 N. Lyon St.

Date Jan 4 1909

Place of Burial Mt Auburn Cemetery

Date Jan 5 1909

Undertaker R. St. Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

7

CERTIFICATE OF DEATH.

Registered No. B C18443

City of Baltimore, (No. 927 Smith Alley St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mamie Stanley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Dont Know date of birth 1 (Month) (Day) Year)

AGE: apparant age 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Maried

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Stevenson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Maria Hill

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles D. Jones

(Address) 506 Rogers ave

Filed 1/5 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 4 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 30. 1908 to Jan. 4 1909

that I last saw h er alive on Jan. 2. 1909,

and that death occurred, on the date stated above, at 5 A.M.

M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

10 Months (DURATION) — DAYS

Contributory asthenia

(DURATION) 5 DAYS

(Signed) Wm. Pickel M. D.

Jan. 5 1909 (Address) 1312 Ashland. ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cambridge Md. DATE OF BURIAL: Jan 5 1909

UNDERTAKER: R A Elliott ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. C 18444

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Kiptak

Residence, Give Street and Number, 257 S Caroline St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.

COLOR W

DATE OF BIRTH — 1

AGE 4 years, 6 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S. Child

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Louis Kaftk

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Annie Muriz

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/5 1909

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Jan 4 1909

that I last saw h alive on Jan 4 1909

and that death occurred, on the date stated above, at 7.10 M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Exhaustion

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. D.

Address

Date Jan 4 1909

Place of Burial Hebrew Boardale Cemetery

Date Jan 6 1909

Undertaker Mat Levin

Address 1626 McElderry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — Registered No. C 18445

C18445

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2656 Young Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Fischbach

Residence, Give Street and Number, 2656 Young Ave

Duration of Residence in Baltimore, (40 years)

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH: January 25th 1839

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lena Kraft

(Address) 263 + Wilkens Ave

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 3 1909

I HEREBY CERTIFY, That I attended deceased from Nov 15 1908 to Jan 3 1909

that I last saw him alive on Jan 2 1909

and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Bronchitis

Senile (DURATION) DAYS

(Signed) L B Joyce M. D.

Address 1800 W North ave

Date Jan 4 1909

Place of Burial Western Cemetery

Date January 5th 1909

Undertaker F B Kuppuch

Address 1 Frederick Ave E Balt

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 3 — C18446 — Registered No. B C18446

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 Bonnly Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 9r

Full Name Edith Evelyn Watkins

{Residence, if in Baltimore, Give Street and Number.} 1423 Bounty Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John B Watkins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary L Watkins

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Watkins

(Address) 1423 Bounty Lane

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 22nd 1908 to Jan 3rd 1909

that I last saw h.. alive on Jan 3rd 1909,

and that death occurred, on the date stated above, at 12 3 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 10 DAYS

Contributory (Primary.) Broncho Pneumonia

(DURATION) 12 DAYS

(Signed) A. F Rees M.D.

Address 213 S. Bond St.

Date Jan 4th 1909

Place of Burial Laurel Cemetery

Date Jan 6 1909

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward D

C18447

Registered No. C C18447

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 307 S Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Jackson

Residence, Give Street and Number, 307 S Dallas St

Duration of Residence in Baltimore, 30 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Col

DATE OF BIRTH: 1

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Princeton New Jersey

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: Diana Johnson

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Della Jackson

(Address) 307 S Dallas St

Filed 1/5 1909

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 2th 1909

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Ludlow Conner M. D.

Address 320 N Greene St

Date 190

Place of Burial National Cemetary

Date Jan 6 190

Undertaker John W Henderson

Address 31 N Carolina St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7

C18448 Registered No. B C18448

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 Frederick ave. Ext St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Rümenap

{Residence, if in Baltimore, Give Street and Number.} 611 Frederick ave Ext

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 4 1880
AGE	28 years, 6 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Lorense Rümenap
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Street Car Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lorense Rümenap

(Address) 611 Frederick Ave. Ext

Filed 1/5 1909

HARRY O. ANDREWS. Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1909

I HEREBY CERTIFY, That I attended deceased from January 1st 1909 to January 4 1909 that I last saw him alive on Jan 4 1909, and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 year DAYS

Contributory (Primary.) Asthenia

(DURATION) 14 DAYS

(Signed) Asa L Wessels M.D.

Address 570 Frederick ave ext

Date January 4 1909

Place of Burial New Cathedral

Date Jan 6th 1909

Undertaker C. W. Dill

Address 810 Fredk ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C18449 Registered No. B C18449

CERTIFICATE OF DEATH.

(Place of Death.) No. 1384 Woodyear St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Bush

{Residence, if in Baltimore, Give Street and Number.} 1384 Woodyear St

Duration of Residence in Baltimore. 11 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Charles Bush

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Katie Owens

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED school

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Owens

(Address) 1384 Woodyear

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 3 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 28 1908 to Jan 3 1909 that I last saw him alive on Jan 3 1909, and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (Cardiac Respiratory

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) 30 DAYS?

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Jan. 4 1909

Place of Burial St Vincents

Date Jan 6 1909

Undertaker Wm J. Johnson

Address 611 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and cause and date of death.*** deceased, and the ***condition*** (whether married or single) of the person

Ward 10 C18450 Registered No. B C18450

CERTIFICATE OF DEATH.

(Place of Death.) No. 1027 N. Stockton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm B. Bond

{Residence, if in Baltimore, Give Street and Number.} 1027 N. Stockton St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH Dec 28th 1872

AGE 36 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Shedrick Bond

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Margret Woodland

BIRTHPLACE OF MOTHER (State or country) St. Mary Co.

OCCUPATION OF DECEASED Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Bond

(Address) 1027 N. Stockton St

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1908 to Jan 4th 1908 that I last saw h[illegible] alive on Jan 4th 1908, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) 90 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Leuck M.D.

Address 1313 N. Northern

Date Jan 5th 1908

Place of Burial Cut arbors

Date Jan 7 1908

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C18451

C18451

87

CERTIFICATE OF DEATH.

(Place of Death.) No. 1901 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Mills

{ Residence, if in Baltimore, Give Street and Number. } 1901 Barclay St.

Duration of Residence in Baltimore. 54 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: March ? 1834

AGE: 74 years, 10 months, ? days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas O'Day

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Maria ——

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George T. Mills

(Address) 1625 St. Paul St.

Filed 1/5 1909

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3d 1909

I HEREBY CERTIFY, That I attended deceased from Jan 3d 12 M 1909 to Jan 3d 3.20 P.M. 1909

that I last saw h— alive on Jan 3d 1909,

and that death occurred, on the date stated above, at 3.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Pneumonia

(DURATION) 2 DAYS.

Contributory (Primary.) Embolism

Thrombosis of the Heart. (DURATION) 3½ hrs

(Signed) Edwin Rentzel M.D.

Address 218 Cathedral St

Date Jan 4 09 1909

Place of Burial Cathedral Cemetery

Date January 6, 1909

Undertaker Henry W. Means & Son

Address 1025 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18452 Registered No. B C18452

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Bayard St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward French

{ Residence, if in Baltimore, Give Street and Number. } 1123 Bayard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 13 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward J French

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nora Tierney

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward J French

(Address) 1123 Bayard St

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 3rd. 1909

I HEREBY CERTIFY, That I attended deceased from January 2nd 1909 to January 3rd 1909 that I last saw h~~is~~ alive on January 3rd 1909 and that death occurred, on the date stated above, at 8:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) 2½ hours

Contributory (Primary.) Probably Typhoid Fever (DURATION) about 3 weeks

(Signed) Henry A. O'Neill M.D.

Address 1203 W. Fayette St.

Date January 4 1909

Place of Burial Cathedral Cemetery

Date Jan 6th 1909

Undertaker John J Bowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18453 Registered No. B C18453

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 1537 Cole St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Theresa Raubach.

{ Residence, if in Baltimore, Give Street and Number. } 1537 Cole st.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 22nd ~~March 27th~~ 1886

AGE: 22 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Michael Cantwell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ~~Mrs.~~ Ellen Lyons.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Raubach

(Address) 1537 Cole St

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 4th 1909.

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1908 to Jany 4th 1909 that I last saw her alive on Jany 4th 1909, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Toxaemia

(DURATION) 3 DAYS

Contributory (Primary.) Peritonitis

(DURATION) 5 DAYS

(Signed) E. A. Knorr. M.D.

Address 1727 N. Lombard st.

Date Jany 4th 1909

Place of Burial St. Alphonsus Ben

Date Jan 6 1909

Undertaker J. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

(over)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C18454 Registered No. B C18454

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 823 Hamilton Terrace St. (If Death occurred in Hospital or Institution give Its Name Instead of Street and Number)

Full Name Charles A. Beasley C18454

{Residence, if in Baltimore, Give Street and Number.} 823 Hamilton Terrace

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 24 1866

AGE: 42 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Illinois

FULL NAME OF FATHER: Wm A. S. Beasley

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Mary E. McVey

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A S. Beasley

(Address) 823 Hamilton Terrace

Filed 1/5 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 3rd 1909

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1908 to Jany 3rd 1909 that I last saw him alive on Jany 3rd 1909 and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis and secondary dilatation of the Heart

(DURATION) 3 mos

Contributory (Primary.) None that I can state. (DURATION) DAYS

(Signed) W. F. Lockwood M.D.

Address 8 E. Eager St.

Date 190

Place of Burial St Thomas Cemetery Balto Co

Date Jan 6 1909 190

Undertaker Jno B Speed

Address 1325 N Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

C18455

Registered No. C 18455

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 W. Fayette St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Marian Wilson

Residence, Give Street and Number, 835 W. Fayette St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: April 9th 1840

AGE: 68 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: Charles F. Gehrmann

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Eliza Ford

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie W. Wilson

(Address) 835 W. Fayette St.

Filed 1/5 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 3rd 1909

I HEREBY CERTIFY, That I attended deceased from Aug 31 1908 to Jan 3 1909

that I last saw her alive on Jan 3 1909

and that death occurred, on the date stated above, at 10.40 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Angina Pectoris

Attacks coming frequently about 2 Yrs DURATION 2 Yrs DAYS

Contributory (Primary) — (DURATION) — DAYS

(Signed) M B Hood M. D.

Address 604 N. Gilmor St

Date January 4th 1909.

Place of Burial Green Mount Cem

Date Jan 6 1909

Undertaker Jos B. Cook

Address 1003 W Balto St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 — Registered No. B C18456

C18456

CERTIFICATE OF DEATH.

1st

(Place of Death.) No. 618 Oxford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Francis Chantier Jr.

{ Residence, if in Baltimore, Give Street and Number. } 618 Oxford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 12 1905

AGE: 23 years, 2 months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John F. Chantier

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ella J. Powell

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Chantier

(Address) 618 Oxford ave

Filed 1/5 1909 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3rd 1909

I HEREBY CERTIFY, That I attended deceased from 12-24-08 190 to 1-3-09 190

that I last saw him alive on Jan 3-09 190

and that death occurred, on the date stated above, at 3.50 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Convulsions

(DURATION) 1 DAYS

Con'tributory (Primary.) Nephritis - Chronic interstitial

(DURATION) ? DAYS

(Signed) C. W. Linthicum M.D.

Address 2601 Fremont

Date Jan 3 - 09 190

Place of Burial Baltimore Cemetery

Date Jan 6. 1909

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Katitisky C18457

{ Residence, if in Baltimore, Give Street and Number. } 242 Pearl St

Duration of Residence in Baltimore 15 Yrs old

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russ Poland

FULL NAME OF FATHER: Schamia Katlitzisky

BIRTHPLACE OF FATHER (State or country): Russ Poland

MAIDEN NAME OF MOTHER: Rachel Neimark

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Katitzitzky

(Address) 604 N Eutaw St

Filed Jan 5 1908 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 4 1909

I HEREBY CERTIFY, That I attended deceased from 1-3 1909 to 1-4 1909 that I last saw h~~im~~ alive on 1-4 1909 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Perforation of Stomach (DURATION) 3 DAYS

(Signed) J. H. Reid M.D.

Address University Hosp

Date January 6 1909

Place of Burial Hebrew Rosedale Cemetery

Date Jan. 6, 1909

Undertaker Max Levinson

Address 1622 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th

Registered No. C 18458

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1332 Andre St. St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Frank Heidecker

Residence, Give Street and Number, 1332 Andre St.

Duration of Residence in Baltimore, 4 mos

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male. COLOR: White.

DATE OF BIRTH: Aug 15 — 1908

AGE: ... years, 4 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: George Heidecker

BIRTHPLACE OF FATHER (State or county): Ungarn

MAIDEN NAME OF MOTHER: Anna Gretmann

BIRTHPLACE OF MOTHER (State or county): Ungarn

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georg Heidecker

(Address) 1332 Andre at.

Filed 1/6 1909

HARRY O. ANDREWS.
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 5 — 1909

I HEREBY CERTIFY, That I attended deceased from 1 — 3 1909 to 1 — 5 — 1909

that I last saw him alive on 1 — 5 — 1909

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate,

Meningitis (Simple)

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) — DAYS

(Signed) S. Perosh M. D.

Address 1510 E. Fort. Ave.

Date 1 — 5 — 1909

Place of Burial Catholic Friedh Evg Cross a U Co.

Date Jan 6 — 1909

Undertaker Jos Schuteheck

Address 1318 Light St.

Remarks

Ward 11 C18459 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Thomas -

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. 6 mths -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black -

DATE OF BIRTH Mar. 10 1908

AGE ..... years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths home

Filed 1/6 1909 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Jan. 3 1909

that I last saw h/m alive on Jan. 3 1909,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) 3 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Jan. 5, 1909

Place of Burial Cathedral Cemetery

Date Jan 6th 1909

Undertaker H. Eliz B Jr & Sons

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C15460 Registered No. B [illegible]

154

CERTIFICATE OF DEATH.

(Place of Death.) No. Aged Methodist Home Fulton & Franklin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Emily Starkey

{Residence, if in Baltimore, Give Street and Number.} Fulton Ave & Franklin St.

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1828

AGE 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) X

FULL NAME OF FATHER X

BIRTHPLACE OF FATHER (State or country) X

MAIDEN NAME OF MOTHER X

BIRTHPLACE OF MOTHER (State or country) X

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/6 1909

HARRY C. ANDREWS, PERMIT CLERK! Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 4 1909 that I last saw h[illegible] alive on Jan 4 1909, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senility & old age.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Olivia Murray M.D.

Address 1321 W. Lafayette Ave

Date Jan 5 1909

Place of Burial Mt. Olivet Cemetery

Date Jan 7, 1909.

Undertaker Geo. J. Smith & Co.

Address 1000 W. Lafayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C18461 Registered No. B 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1809 Thomas Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Degenman

{Residence, if in Baltimore, Give Street and Number.} 1809 Thomas Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 3 1909

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Clarence D Degenman

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Bessie E. Hampton

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence D Degenman

(Address) 1809 Thomas Ave

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 5 1909

I HEREBY CERTIFY, That I attended deceased from Jany 3 1909 to Jany 5 1909 that I last saw h[im] alive on Jany 5 1909 and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

X (DURATION) DAYS

(Signed) Henry Chandlee M.D.

Address 742 W. North Ave

Date Jany 5 1909

Place of Burial London Park Cem.

Date January 6 1909

Undertaker Harry W. Ehlen

Address 1944 Lw. North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C18462 Registered No. B C18462

CERTIFICATE OF DEATH.

101

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Jennie Friedman.

{Residence, if in Baltimore, Give Street and Number.} 1602 West Fayette St.

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 27 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Solomon Caplan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Emile Friedman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. L. Caplan.

(Address) 915 E. Baltimore St

Filed 1/6 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 2 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 2 1909 that I last saw h in alive on Jan 1 1909, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute edema of Lungs.
following tonsillectomy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address J. H. Hospital

Date 190

Place of Burial Hebrew Rom Cedar Cem

Date Jan 6, 190

Undertaker Mayer Lennert

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 18463

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Gleason

Residence, Give Street and Number, —

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W

DATE OF BIRTH: — 1.....

AGE: 80 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asst Henry Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/6 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Nov 23 1908 to Jan 4 1909

that I last saw h alive on Jan 4 1909

and that death occurred, on the date stated above, at 12 00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

.....(DURATION).....DAYS

Contributory (Primary) Chronic Nephritis

.....(DURATION).....DAYS

(Signed) [illegible] M. D.

Address Bay View Asy

Date Jan 4 1909

Place of Burial Sacred Heart

Date Jany 6" 1909

Undertaker Chas L Evans

Address 118 W. Mt. Royal Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C18464 Registered No. C 93

CERTIFICATE OF DEATH.

C18464

(Place of Death) No. ..... St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name ..... Jacob Thomas

Residence, Give Street and Number, ... —

Duration of Residence in Baltimore, ... —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M | COLOR: B

DATE OF BIRTH: — 1

AGE: 35 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 1/6 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from Sept 24 1908 to Jan 5 1909

that I last saw h alive on Jan 5 1909

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary) Cirrhosis

Paralysis (DURATION) ..... DAYS

(Signed) W. H. Eden M. D.

Address Jan 5 9

Date Bay View Hospital 190

Place of Burial Mt Auburn St

Date Jan 6 th 1908

Undertaker A L Browning & Son

Address 108 W Mouldgomery st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th — C18465 — Registered No. C C18465

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 1226 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine E Hardy

Residence, Give Street and Number, 11 E West St

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: Nov. 14 1868

AGE: 40 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: William F. Schulte

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Catherine Bickstiegel

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W F Schulte

(Address) 11 E West

Filed 1/6 1909 HARRY O. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 4th 1909

I HEREBY CERTIFY, That I attended deceased from Nov. 27th 1908 to Jan 4th 1909

that I last saw her alive on Jan 4th 1909

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis

About 2 yrs (DURATION) DAYS

Contributory (Primary) Asthenia (DURATION) 2 DAYS

(Signed) H J Carrick M. D.

Address 1417 McCulloh St

Date January 5th 1909

Place of Burial Baltimore Cemetery

Date January 7 1909

Undertaker Edward L Fanning

Address 1460 Battery Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward W Registered No. B C18466

C18466

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 707 W. Saratoga St St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph S. Rouse.

{Residence, if in Baltimore, Give Street and Number.} 707 W. Saratoga St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1845

AGE: 64 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Rouse

BIRTHPLACE OF FATHER (State or country): Don't Know.

MAIDEN NAME OF MOTHER: Don't Know.

BIRTHPLACE OF MOTHER (State or country): Don't Know.

OCCUPATION OF DECEASED: Blocker in Hat Factory

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Russell

(Address) 707 W. Saratoga St.

Filed 1/6 1909 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Janry 5th 1909

I HEREBY CERTIFY, That I attended deceased from Sept 29th 1908 to Janry 5th 1909 that I last saw h~~im~~ alive on Dec 26th 1908 and that death occurred, on the date stated above, at 4.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (DURATION) 4 Mos

Con'tributory (Primary)

Asthenia (DURATION) 4 Mos

(Signed) Edward E. Mackenzie M.D.

Address 1329 W. North Ave

Date Balt Janry 6th 1909.

Place of Burial Mt Carmel Cem

Date January 6. 1909

Undertaker Joseph B. Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C18467 Registered No. B C18467

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1625 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Willmina Gore

{Residence, if in Baltimore, Give Street and Number.} 1625 Hanover St -

Duration of Residence in Baltimore. 20 years C18467

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. COLOR: White

DATE OF BIRTH: Sept 21 1830

AGE: 78 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): N. S -

FULL NAME OF FATHER: William Omdorff -

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: Harriett Hildebrandt

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: House Keeper -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. J. Gore -

(Address) 1524 Hanover -

Filed 1/6 1909 MARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Nov 10 1907 to Jan 4 1909 that I last saw h[er] alive on Jan 3 1909, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the heart -

(DURATION) 2 years

Contributory (Primary)

(DURATION) DAYS

(Signed) C. P. Strauss. M.D.

Address 1606 Light St.

Date Jan 5th 1909

Place of Burial Westron Cem

Date January 6 1909

Undertaker Fisher & Eppens Son

Address 1428 E Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C18468 Registered No. B C18468

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 614 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Fredrick Rake

{Residence, if in Baltimore, Give Street and Number.} 614 S. Monroe st.

Duration of Residence in Baltimore... 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 12 1864

AGE: 44 years, 2 months, 22 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Rake

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinetmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rake

(Address) 614 S. Monroe st.

Filed 1/6 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 4th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 7th 1908 to Jany 4th 1909 that I last saw him alive on Jany 3rd 1909, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 30 DAYS

Contributory (Primary.) Pulm. Tuberculosis

(DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st.

Date Jany 4th 1909.

Place of Burial Western Cem.

Date Jan. 6 1909

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward.....

Registered No. C 18469

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Cohen

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR W.

DATE OF BIRTH —

AGE 16 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Supt.

(Informant) .....

BAY VIEW ASYLUM.

(Address).....

Filed 1/6 1909

HARRY O. ANDREWS,
PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23 1909 to Jan 4 1909

that I last saw h— alive on Jan 4 1909

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchopneumonia

(DURATION) — DAYS

Contributory (Primary) Exhaustion

(DURATION) ..... DAYS

(Signed) [illegible] M. D.

Address Bay View Asylum

Date ..... 190...

Place of Burial JOHNS HOPKINS HOSPITAL

JAN 5 - 1909

Date ..... 190...

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

3

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C18470 Registered No. C .....

CERTIFICATE OF DEATH. C18470 93

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Busch

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	W.

DATE OF BIRTH — 1

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from Dec 27 1908 to Jan 5 1909 that I last saw him alive on Jan 5 1909 and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Asylum

Date Jan 5 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 6 - 1909 190

Undertaker G. L. Hurley

Address 921 N. Broadway

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

3

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18471 Registered No. C C18471

CERTIFICATE OF DEATH. 109

(Place of Death.) No. Cor. Wilson & Stoddard Alley (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Sutter.

Residence, Give Street and Number, N.E. Cor. Ething & Bloom St.

Duration of Residence in Baltimore, about 2 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Switzerland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): Switzerland

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or county): Switzerland

OCCUPATION OF DECEASED: Shoemaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. D. Price

(Address) 1520 Baker St.

Filed 1/6 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 11 1908.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pistol shot through the brain & Cerebral Haemorrhage

(DURATION) DAYS

Contributory (Primary) Suicide

(DURATION) DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Lafayette Ave (Corner)

Date Dec 11 1908

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 5 - 1909 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL

Address

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

220
2/

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C18472 Registered No. C C18472

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1410 Bruce St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Satchel

Residence, Give Street and Number, 1410 Bruce St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 9 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Geo. Satchel

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Annie Lawson

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/6 1909

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 3 1909.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Richard Brookshire M. D.

Address 700 N. Laf. Ave (Coroner)

Date Jan. 4 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 5 - 1909 190

Undertaker Commissioner Health

Address Per. Wm. E. WOODALL

Remarks

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C18473 Registered No. B C18473

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 W Pressman St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Elizabeth O'Brien

{ Residence, if in Baltimore, Give Street and Number. } 527 W Pressman St.

Duration of Residence in Baltimore. 33 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: September 16 1830

AGE: 78 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Barbadoes West Indies

FULL NAME OF FATHER: Joseph King.

BIRTHPLACE OF FATHER (State or country): Barbadoes West Indies.

MAIDEN NAME OF MOTHER: Elizabeth King

BIRTHPLACE OF MOTHER (State or country): Barbadoes West Indies

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Young

(Address) 527 W Pressman St

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2 1909 to Jan 4 1909 that I last saw h.e alive on Jan 4 1909, and that death occurred, on the date stated above, at 7.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion.

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Girdwood M.D.

Address 102 E 25th St.

Date January 5 1909

Place of Burial Lamb Cemetery

Date Jan 6 1909

Undertaker E. A. Boley

Address 1107 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. C C18474

85

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 N Washington st St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Anna Fuchs

Residence, Give Street and Number, 1004 N Washington st.

Duration of Residence in Baltimore, Since birth

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: December 23 1908

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: —

BIRTHPLACE (State or county): Baltimore City

FULL NAME OF FATHER: John George Fuchs

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Margaret Chamberlain

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John George Fuchs

(Address) 1004 N Washington st.

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 5 1909

I HEREBY CERTIFY, That I attended deceased from January 1 1909 to January 5 1909 that I last saw her alive on January 5 1909 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage from mouth and also from umbilicus - Child was also Hemoptysis (DURATION) ..... DAYS

Contributory (Primary) —

Transitore (DURATION) 10 DAYS

(Signed) Phil J Emmons M. D.

Address 1028 N Wolfe st

Date January 5th 1909

Place of Burial Holy Redeemer

Date Jan 6th 1909

Undertaker Henry Hoeck & Son

Address 1301 E Eager st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C18475 Registered No. B C18475

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1549 Rutkin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edmund C. P. Wahnmann

{ Residence, if in Baltimore, Give Street and Number. } 1549 Rutkin ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH Oct 14th 1907

AGE — years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balty

FULL NAME OF FATHER Geo. H. Wahnmann

BIRTHPLACE OF FATHER (State or country) Balty

MAIDEN NAME OF MOTHER Lottie M. Keppler

BIRTHPLACE OF MOTHER (State or country) Balty

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Wahnmann

(Address) 1549 Rutkin

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1909 to Jan 6th 1909 that I last saw him alive on Jan 6th 1909, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) one DAYS

Contributory (Primary.)

asthenia (DURATION) DAYS

(Signed) E. G. Shower M.D.

Address 1224 W. North ave

Date Jan 6th 1909

Place of Burial Loudon Park

Date Jan 7th 1909

Undertaker Geo. Weber

Address 1115 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 18476

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 914 Warner St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Carter

Residence, Give Street and Number, 914 Warner St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Lloyd Carter

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Anna Watty

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Carter

(Address) 914 Warner

Filed 1/6 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 3 1909

I HEREBY CERTIFY, That I attended deceased from Dec 13 1908 to Jan 3 1909

that I last saw h— alive on Jan 3 1909

and that death occurred, on the date stated above, at 8 5a M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis (Ac.)

(DURATION) 21 DAYS

Contributory (Primary) Heart Failure

(DURATION) 2 1 DAYS

(Signed) O. W. Foster M. D.

Address 715 S. Stark St

Date Jan 5 1909

Place of Burial Mt Auburn

Date Jan 6 1909

Undertaker John H. Toadvine

Address 143 Wilkens Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17

Registered No. B C18477

C18477

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1142 Woodyear St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Richard Cook

{Residence, if in Baltimore, Give Street and Number.} 1142 Woodyear St

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH July 1856

AGE 52 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) A. A. Co. Md

FULL NAME OF FATHER Thos Cook

BIRTHPLACE OF FATHER (State or country) A. A. Co Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Wilson

(Address) 1142 Woodyear St

Filed 1/6 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4th 1908

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1908 to Jan 4 1908

that I last saw h alive on Jan 4 1908,

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthama (DURATION) 19 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Smith M.D.

Address 1313 W Lexington St

Date Jan 5th 1909

Place of Burial Mt Zion

Date Jan 7 1909

Undertaker Robt L. Parham

Address 1213 Parrish st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C18478 Registered No. B C18478

CERTIFICATE OF DEATH. 151

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Hatcher

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 1 1908

AGE: ..... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Bilder

(Address) Nursery & Childs Hosp.

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1 1907 to Jan 5 1909 that I last saw him alive on Jan 5 1909, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) five DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) G. H. Bumpus M.D.

Address 222 E Cross St

Date January 5 1909

Place of Burial COLLEGE OF P. & S

Date JAN 6 - 1909 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

51

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C18479 — Registered No. C 18479

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John D. Bartol

Residence, Give Street and Number, 1626 N. Lanvale St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: Feb. 21 1

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: John D. Bartol

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Annie Murphey

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Insurance Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bartol

(Address) 1626 N. Lafayette

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5, 1908

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 5 1908

that I last saw him alive on Jan 4 1908

and that death occurred, on the date stated above, at 12:30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid fever complicated with bronchio-pneumonia

(DURATION) 24 DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) W. Cole Davis M. D.

Address St Joseph's German Hosp

Date Jan 5 1908

Place of Burial Harve de Grace Md

Date Jan 7. 09 1908

Undertaker Wm. Coot

Address 302 E. Northern

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C18480

Registered No. C C18480

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 N. Park Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 12°

Full Name Sarah V. Leonard

Residence, Give Street and Number, 227 N. Park

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Baltimore.

FULL NAME OF FATHER Edw Vane

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Mary Stewart

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Leonard

(Address) 426 N. Park Ave

Filed 1/6 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 6th 1909

I HEREBY CERTIFY, That I attended deceased from June 1908 to January 1909

that I last saw h[illegible] alive on January 6 1909

and that death occurred, on the date stated above, at 6:10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Aortic & Mitral Incompetency

(Cardiac Asthenia)

(DURATION) ..... DAYS

Contributory (Primary) Chronic

Intestinal Syphilis (DURATION) ..... DAYS

(Signed) H. J. Maddox M. D.

Address 437 E. 25th St

Date January 6th 1909

Place of Burial Baltimore

Date Jan 8 1909

Undertaker Woodcock

Address 502 E Eutaw

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 C18481 Registered No. C C18481

CERTIFICATE OF DEATH.

59

(Place of Death.) No. 1600 Ausgusta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Sanders

Residence, Give Street and Number, 1600 Ausgusta St

Duration of Residence in Baltimore, 56 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White.

DATE OF BIRTH: Sept 29th 1838

AGE: 70 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED~~. Widower

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER John Sanders

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Grocer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary Sanders

(Address) 1600 Ausgusta

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from \ 190 to \ 190

that I last saw h\ alive on \ 190

and that death occurred, on the date stated above, at 630 "M.

CAUSE OF DEATH (Secondary or Immediate,)

Suicide by Pistol

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carruthers M. D.

Address Coroner

Date Jan 5 1909

Place of Burial Baltimore Cem

Date Jan 8. 09 190

Undertaker Wm Cook

Address 332 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 018482

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1321 W Lanvale St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marshall Williams

Residence, Give Street and Number, 1321 W Lanvale St

Duration of Residence in Baltimore, 25 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): North Carolina

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Unknown

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Williams

(Address) 1321 W Lanvale St

Filed 1/6 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 5" 1909

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1908 to Jany 5th 1909

that I last saw her alive on Jany 5th 1909

and that death occurred, on the date stated above, at 2.05 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Palmonalis

Exhaustion

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Alex T. Bell M. D.

Address 1321 W Lanvale St

Date January 5th 1909

Place of Burial Holy Redeemer

Date Jan 7/1909 190

Undertaker Lou Cook

Address 502 E Fort Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18483 Registered No. C C18483

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 307 S. Bantlow St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Kelley

Residence, Give Street and Number, 307 S. Bantlow

Duration of Residence in Baltimore, 35 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: ..... 1.

AGE: 50 years, ... months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Saunders

(Address) 217 S. Paca "

Filed 1/6 1909

HARRY O. ANDREWS
PERMIT CLERK
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 4 1909

that I last saw him alive on Jan 4 1909

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions Exhaustion

(DURATION) DAYS

Contributory (Primary) Alcoholism

(DURATION) DAYS

(Signed) Walter Mc[illegible] M. D.

Address 542 S Hulleys Ave

Date Jan 5 1909

Place of Burial St Peters Cem

Date January 8 1909

Undertaker Jos. Saunders, Son

Address 217 S. Paca

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 C18485 Registered No. C C18485

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celia A Baker

Residence, Give Street and Number, 912 E. Biddle St

Duration of Residence in Baltimore, 58 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 74 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Wm Brewer

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Cecelia Russell

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Keeps House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 912 E. Biddle St

Filed 1/6 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Jan 3 1909

that I last saw her alive on Jan 3 1909

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Asthma

Exhaustion (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Geo H Gamma M. D.

Address 1735 N Broadway

Date Jan 5 1909

Place of Burial Cathedral

Date Jan 7 1909

Undertaker H C Wiedefeld

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C18486 Registered No. B C18486

CERTIFICATE OF DEATH.

(Place of Death.) No. 1119 Whatcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Brown

{ Residence, if in Baltimore, Give Street and Number. } 1119 Whatcoat St.

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH 1877

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Marys Co. Md.

FULL NAME OF FATHER Geo Blake.

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Susanna Bowes

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Levi Brown

(Address) 1119 Whatcoat St.

Filed 1/6 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1909

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Jan 4 1909 that I last saw her alive on Jan 4 1909, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) asthenia (DURATION) 1 DAYS

(Signed) T. E Daugherty M.D.

Address 1625 Pennsylvania Ave

Date Jan 5 1909

Deceased was wife of Levi Brown

Place of Burial St Marys Co Md

Date Jan 6th 1909

Undertaker Alex Hamsley

Address 57 & W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 18487

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital Baltimore St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celyandre Fobes

Residence, Give Street and Number, 529 Dolphin St

Duration of Residence in Baltimore, 10 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black.

DATE OF BIRTH: —

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: M.

BIRTHPLACE (State or county): Bermuda W. I.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Fobes

(Address) 529 Dolphin St.

Filed 1/6 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 4th 1908

I HEREBY CERTIFY, That I attended deceased from 1/2/ 1909 to 1-4 1909

that I last saw h[er] alive on 1-4- 1909

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Endocarditis

(DURATION) 10 DAYS

Contributory (Primary) Septic Arthritis

(Staphylococcus aureus)

(DURATION) 14 DAYS

(Signed) J. N. Bird M. D.

Address University Hosp

Date January 4 1908

Dervin White

Place of Burial Calvert Co Md

Date Jan 6th 1908

Undertaker Alex Hemsley

Address 518 W. Biddle St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

C18488 Registered No. C C18488

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 49 Brick Hill. Int Vernon Hampden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman Raymond Morgan

Residence, Give Street and Number, 49 Brick Hill. Int Vernon, Hampden

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. 4 1906

AGE: 2 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Winefield Morgan

BIRTHPLACE OF FATHER (State or county): Va.

MAIDEN NAME OF MOTHER: Sallie Morgan

BIRTHPLACE OF MOTHER (State or county): Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Winefield Morgan

(Address) 49 Brick Hill

Filed 1/6 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 5 1909

that I last saw him alive on Jan 5 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure & Collapse

following Pneumonia

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia Bronchial

(DURATION) DAYS

(Signed) Wm. H. Feldmann M. D.

Address 800 1st Ave

Date Jan 6th 1909

Place of Burial Oella Baltimore Co Md

Date Jan 7 1909

Undertaker Wm E Chenoweth Son

Address 919 3rd Ave Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person Superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore. C18489

Ward 7 Registered No. C

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 607 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie B. Chambers

Residence, Give Street and Number Alberton Md

Duration of Residence in Baltimore, 7 years C18489

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH March 4 1

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Wm H. Layhoff

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Emily Alexandra

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rhoda Layhoff

(Address) 607 Warner St

Filed 1/6 1909 HARRY O. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 09 190

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to Jan 4 1909

that I last saw her alive on Jan 4 1909

and that death occurred, on the date stated above, at 12-30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Labar Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Hubert A Blake M. D.

Address 1014 W Lafayette

Date Jan 5 1909

Place of Burial Delta Md

Date Jan 7. 09 190

Undertaker Wm Cost

Address 202 E Northaur

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C18490

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 226, Hickory ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John C. Carlson

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: Jan. 6th (Month) (Day) 1824 (Year)

AGE: 84 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: R. R. Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James C. Carlson

(Address) 226 Hickory ave

Filed Jany 6 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1st (Month) 5 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1908 to Jany 5th 1909

that I last saw him alive on Jany 5th 1909,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Infirmities of old age being 85 yrs old 0-day (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Geo C Cairns M. D.

Jany 6th 1909 (Address) 21 W 25th st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: Jan. 7th 1909

UNDERTAKER: John J. Moran ADDRESS: Bank & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B C18491

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Bellerstadt

{ Residence, if in Baltimore, Give Street and Number. } 7 - 14. St. Sparrows Point Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 11 1858

AGE 50 years, 11 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A Ballerstadt

(Address) 7 14 St Sparrows Pt

Filed Jany 6 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1909 to Jan 6th 1909 that I last saw her alive on Jan 6th 1909, and that death occurred, on the date stated above, at 9.50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Dalrymple M.D.

Address Johns Hopkins Hospital

Date January 6th 1909

Place of Burial Sparrows Pt

Date JAN 7 - 1909 1909

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Mar 14

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. C 18492

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Evans

Residence, Give Street and Number, 307 S Dallas St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: B

DATE OF BIRTH: —

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: M.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lester Dollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/7 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Jan 6 1909

that I last saw h[illegible] alive on Jan 5 1909

and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy.

(DURATION) DAYS

Contributory (Primary) Pulmonary

Tuberculosis (DURATION) DAYS

(Signed) W W Esher M. D.

Address Bay View Asy

Date Jan 5 1909

Place of Burial Ashury Cemetery

Date Jan 7 1909

Undertaker John W Henderson

Address 31 N Carrie St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C C18493

174

CERTIFICATE OF DEATH.

(Place of Death.) No. 54 Jasper Hargrave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Martyn

Residence, Give Street and Number, 1737 Thames St

Duration of Residence in Baltimore, 2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Poland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~HARRY C. ANDREWS,~~ ~~PERMIT CLERK.~~

(Address)

Filed 1/7 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Potassii Cyanidum

Poison. (Inhalation)

(Accidental)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Evelyn Carruthers M. D.

Address Same

Date Jan 6 09 190

Place of Burial St Stanislaus

Date Jan 7 1909

Undertaker Joseph Zbornik

Address 1703 Aliceanna St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. C 018494

CERTIFICATE OF DEATH.

174

(Place of Death.) No. St Joseph Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bereim (Berain)

Residence, Give Street and Number, 1737 Thames St

Duration of Residence in Baltimore, 16 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: W

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Poland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 1/7 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Potassii Cyanidum

Poison by Inhalation

DURATION Several DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carrier M. D.

Address Cor Mc Henry & Mt

Date Jan 6—08 190

Place of Burial St Stanislaus

Date Jan 7 1909

Undertaker Joseph Zborowski

Address 1703 Alice Anne St

Remarks

Ward 44 C18495 Registered No. B C18495

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 202 E. Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Amer

{ Residence, if in Baltimore, Give Street and Number. } 202 E. Barney St.

Duration of Residence in Baltimore. 58 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Oct 21 1825

AGE 83 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lacher

(Address) 206 E. Barney St.

Filed 1/7 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2 1909 to Jan 6 1909 that I last saw h[illegible] alive on Jan 6 1909, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Con'tributory (Primary) Apoplexy

(DURATION) 4 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Edmondson Ave

Date Jan 6 1909

Place of Burial Holy Cross C. A. Co.

Date Jan 9th 1909

Undertaker Jos. Sturtebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C 018496

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank B. Tucker

Residence, Give Street and Number, 423 N. Chapel St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH Nov 17 1869

AGE 39 years, 2 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER George Tucker

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luther Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/7 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Jan 6 1909 that I last saw him alive on Jan 6 1909 and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Hemorrhage of Ulceration

(DURATION) DAYS

Contributory (Primary) Phthisis

Pulmonis (DURATION) DAYS

(Signed) H. H. Baker M. D.

Address Bay View Hosp.

Date Jan 6 1909

Place of Burial Balto Cem

Date 1/8/09 1909

Undertaker J. Henry & Son

Address 2008 Adams St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C18497 — Registered No. C 18497

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1117 Brighton St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nannie Martin

Residence, Give Street and Number, 1117 Brighton St.

Duration of Residence in Baltimore, 30 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Va

FULL NAME OF FATHER: Henry Martin

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Nancy Branch

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Martin

(Address) 1012 N. Exeter

Filed 1/7 190 9

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 5 1908.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Consumption

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Lafayette Ave (Cypress)

Date Jan 6 1909.

Place of Burial Mt Olivet Cemetery

Date Jan 7 1908

Undertaker R. Sherlock

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C18498 Registered No. B C18498

CERTIFICATE OF DEATH.

152

(Place of Death.) No. 819 Ratorg St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Adelaide Williams

{Residence, if in Baltimore, Give Street and Number.} 819 Ratorg St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: Jan 6th 1909

AGE: — years, — months, 8 hours - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George A. Broden

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Adelaide Williams

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adline Williams

(Address) 819 Robarg st

Filed 1/7 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 6th 1909 to Jan 6th 1909 that I last saw h im alive on Jan 6th 1909, and that death occurred, on the date stated above, at 10.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxiation

(DURATION) DAYS

Contributory (Primary.) Premature birth -

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address County Hospital

Date Jan. 6 1909

Place of Burial Laurel Cemetery

Date Jan 7 1909

Undertaker R. N. Gallant

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18499

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18499

City of Baltimore, (No. 2538, Fait Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Antkowiack

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 17 (Day) 1858 (Year)

AGE: ....years, 6 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Butte Cty

FULL NAME OF FATHER: Martin Antkowiack

BIRTHPLACE OF FATHER (State or country): Butte Cty

MAIDEN NAME OF MOTHER: Rosie Kowiazka

BIRTHPLACE OF MOTHER (State or country): ~~Ills~~ Europe

OCCUPATION OF DECEASED: None!

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Antkowiack

(Address) 705 S. Broad 2538 Fait Ave

Filed 1/7 1909

HARRY O. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 6 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1908 to Jan 5 1909

that I last saw her alive on Jan 5 1909, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Convulsions -

....(DURATION)....DAYS

Contributory .....

....(DURATION)....DAYS

(Signed) Geo F Trenck M. D.

Jan 6 1909 (Address) 710 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Stanislaus | DATE OF BURIAL: Jan 12 1909

UNDERTAKER: Wm Trautowski | ADDRESS: 424 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W. C18500 Registered No. B C18500

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Zella Matthews

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Dec. 22, 1908

AGE: ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 1/7 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1908 to Jan. 5 1908

that I last saw h[illegible] alive on Jan. 5 1908.

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition.

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carlin St.

Date Jan. 7, 1909

Place of Burial Cathedral Cemetery

Date Jan 7th 1909

Undertaker Felix B Doyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C18501 Registered No. B C18501

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 East Lynn av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Bokee

{Residence, if in Baltimore, Give Street and Number.} 409 East Lynn av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 28th. 1833

AGE: 75 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): dont "

MAIDEN NAME OF MOTHER: dont "

BIRTHPLACE OF MOTHER (State or country): dont "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Hburg

(Address) 831 Carroll St

Filed 1/7 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5th 1909.

I HEREBY CERTIFY, That I attended deceased from Dec 23 1908 to Jan 5 1909 that I last saw h alive on Jan 5 1909, and that death occurred, on the date stated above, at 10.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis (DURATION) DAYS

(Signed) W A Fuller M.D.

Address 2550 Fredk ave

Date Jan 5th 1909.

Place of Burial Baltimore Cemetery

Date Jan 7th. 1909

Undertaker Gorge Bender

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ~ Registered No. C 18502

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wesley Lewis

Residence, Give Street and Number, ~

Duration of Residence in Baltimore, ~

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR B

DATE OF BIRTH ~ 1

AGE 64 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Va

FULL NAME OF FATHER ~

BIRTHPLACE OF FATHER (State or county) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or county) ~

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/7 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 5th 1909

that I last saw him alive on Jan 5th 1909

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pedema of Lungs

(DURATION) 3 DAYS

Contributory (Primary) Grippe

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Asylum

Date Jan 6 1909

Place of Burial Loudon Park Cemetery

Date Jan 7th 1909

Undertaker Chas L Bailey

Address 1421 Jefferson St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C18503 Registered No. B 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 820 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Goblick Weifenbach

{ Residence, if in Baltimore, Give Street and Number. } 820 N. Dallas st

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: October 14 1837

AGE: 71 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Casper Weifenbach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: E. Sauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernadine Weifenbach

(Address) 820 N. Dallas st

Filed 1 7 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1909

I HEREBY CERTIFY, That I attended deceased from Jany 6th 1909 to Jany 6th 1909 that I last saw her alive on Jany 6th 1909, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S O Sohmer M.D.

Address 1501 E Eager St

Date Jany 7th 1909

Place of Burial Baltimore Cemetery

Date January 9 1909

Undertaker C. Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C18504 — Registered No. C C18504

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 320 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Master Andrews

Residence, Give Street and Number, 320 Chestnut St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: Colored

DATE OF BIRTH: 1

AGE: 6 mo years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~ Widowed (?)

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/7 1909 — HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909 dated

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2 P.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilation

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) M Daly, Coroner M. D.

Address 1632 Broadway

Date Jan 6 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 6 - 1909 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address

Remarks

FOR ANATOMICAL PURPOSES

Ward 20 C18505 Registered No. B C18505

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 2214 Eagle Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel J. Mackinson

{ Residence, if in Baltimore, Give Street and Number. } 2214 Eagle Street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Unknown 1

AGE 79 years, months, days

(SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~) Widower

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Stone Mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Dollie Makenson

(Address) 2214 Eagle St

Filed 1/7 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th 1909

I HEREBY CERTIFY, That I attended deceased from December 2nd 1908 to January 6th 1909 that I last saw him alive on January 6th 1909, and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Complaining Especia the last (DURATION) 4 2 DAYS

Contributory (Primary.) Old Age (DURATION) DAYS

(Signed) Dolen G. Holyday M.D.

Address 714 Frederick ave

Date January 7th 1909

Place of Burial Western Cemetery

Date Jany 8 1908

Undertaker Geo A Gorter

Address 14 S Pulaski

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the said deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C18506

C18506

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Hall.

{ Residence, if in Baltimore, Give Street and Number. } 510 St Paul St.

Duration of Residence in Baltimore. Unknown.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Hall

(Address) 510 St Paul St

Filed 1/7 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from Dec 23 1908 to Jan 5 1909 that I last saw h living alive on Jan 5 1909, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia.

(DURATION) 13 DAYS

Contributory (Primary.) Nephritis.

(DURATION) — DAYS

(Signed) S. H. Streett M.D.

Address Md Gen'l Hosp.

Date Jan 5 1909

Place of Burial Laurel

Date Jan 8 1909

Undertaker R. F. Ellicott

Address 506 Hoyers 4th

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C18507 — Registered No. C C18507

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 Rogers Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Jones

Residence, Give Street and Number, 421 Rogers Av

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH Dont Know

AGE 5-7 or 58 years, (Looks older) months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Pratt

(Address) 421 Rogers Ave

Filed 1/7 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 — 1909

I HEREBY CERTIFY, That I attended ~~deceased~~ from ~~190~~ to ~~190~~

~~that I last saw h~~ alive on ~~190~~

and that death occurred, on the date stated above, at a m. M.

CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure

Pulmonary Edema & ?

(DURATION) DAYS

Contributory (Primary) Dont Know. History of Gastritis & C.

(DURATION) DAYS

(Signed) M V Raley Coroner M. D.

Address 1639 Bunday

Date Jan 5-09 1909

Place of Burial Laurel

Date Jan 8th 1909

Undertaker R A Gilliard

Address 502 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18508

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

56

CERTIFICATE OF DEATH.

Registered No. B C18508

City of Baltimore, (No. 632, Pierce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis H. Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: ✓ (Month) ✓ (Day) 1864 (Year)

AGE: 44 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Ward.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Williams

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Randolph Ward

(Address) 632 Pierce St.

Filed 1/7 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 4 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3 1909 to Jan 4 1909 that I last saw h im alive on Jan 4 1909, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) DAYS

Contributory Alcoholism

(DURATION) DAYS

(Signed) B. L. French M. D.

Jan 4 1909 (Address) 1514 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Jan 7 1909
UNDERTAKER	ADDRESS
H. Elliott	502 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C18509 Registered No. C C18509

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 741 Stirling St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Francis Lee

Residence, Give Street and Number, 741 Stirling St

Duration of Residence in Baltimore, 40 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Patrick Lee

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Catherine Mahon

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mr Bernard Lee

(Address) 1123 Eastern Ave

Filed 1/7 1909

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6. 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cr. Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carnes M. D.

Address Carnes Md

Date Jan 6 1909

Place of Burial New Cathedral Cemetery

Date Jan. 8. 1909

Undertaker Henry Stoeck & Son

Address 1301 E Eager St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C18510 — Registered No. C C18510

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1402 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James T. Hubbard

Residence, Give Street and Number, 1402 E Monument St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married.

BIRTHPLACE (State or county): Ceily

FULL NAME OF FATHER: James H.

BIRTHPLACE OF FATHER (State or county): Ceity

MAIDEN NAME OF MOTHER: Susan Mills

BIRTHPLACE OF MOTHER (State or county): Ceity

OCCUPATION OF DECEASED: Store Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Hubbard

(Address) 1402 E Monument St.

Filed 1/7 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 6th 1909

I HEREBY CERTIFY, That I attended deceased from January 11th 1905 to Jan 6th 1909 that I last saw h[illegible] alive on Jan 6th 1909 and that death occurred, on the date stated above, at 1.00 A M. CAUSE OF DEATH (Secondary or Immediate,)

Valvular Disease of Heart with Dilatation

(DURATION) 1456 DAYS

Contributory (Primary) Pneumonia

(DURATION) 2 DAYS

(Signed) Edmund Dudrell M. D.

Address 20 E Eutaw St

Date Jan 6th 1909

Place of Burial New Cathedral Cemetery

Date Jan. 9 1909

Undertaker Henry Woeckner Sons

Address 1301 E Eutaw St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C18511 Registered No. C C18511

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Franklin Hamilton

Residence, Give Street and Number, Fife

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) Md Balto.

FULL NAME OF FATHER John G.

BIRTHPLACE OF FATHER (State or county) Md Balto

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Hamilton

(Address) 523 S Bethune

Filed 1/7 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany. 5 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate,)

Cr Nephritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carrollus M. D.

Address Coroners Office

Date Jan 7 — 09 190

Place of Burial Baltimore Cemetery

Date Jan 8 1909

Undertaker Robt T Turner

Address 1442 N Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C18512 Registered No. B C18512

6

CERTIFICATE OF DEATH.

(Place of Death.) No. 2731 Hillon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stefan Michalovic

{ Residence, if in Baltimore, Give Street and Number. } 2731 Hillon st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Stefan Michalovic

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Domolek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stefan Michalovic

(Address) 2731 Hillon

Filed 1/7 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1908 to Jan 6th 1909 that I last saw him alive on Jan 5th 1909, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.) Paralysis of Bowels

Measles (DURATION) DAYS

(Signed) C. W. Athey, M.D.

Address 3200 Hudson st

Date Jan 6th 1909

Place of Burial Holy Redeemer

Date Jan 8 1909

Undertaker Frank Ewen (and) Son

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18513 Registered No. B C18513

108

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Maggie Schroll

{Residence, if in Baltimore, Give Street and Number.} 2603 Eastern Ave. City

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 18th 1868

AGE 44 years, 10 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Lenz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Schroll

(Address) 2603 Eastern Ave

Filed 1/7 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 4th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 29 1908 to Jan 4 1909 that I last saw h[illegible] alive on Jan 4 1909, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Renal tuberculosis

(DURATION) DAYS

Contributory (Primary.) Umbilical hernia

(DURATION) DAYS

(Signed) Ernest K. Cullen M.D.

Address John Hopkins Hospital

Date Jan 4 11 1909

Place of Burial Oak Lawn Cemetery

Date Jan. 6th 1909

Undertaker H. Sander Sons

Address 1710 Caulton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C18514 Registered No. B C18514

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1830 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harmena Wolf

{ Residence, if in Baltimore, Give Street and Number. } # 1830 Gough St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 8th 1908

AGE ..... years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Peter J. Wolf

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Albina Sneed

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter J. Wolf

(Address) 1830 Gough St

Filed 1/7 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1908 to Jan. 6th, 1909

that I last saw h er alive on Jan 5 1909,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

about 2 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Jan. 6th 1909

Place of Burial Mt. Carmel Cemetery

Date Jan. 8" 1909

Undertaker H. Sander Sons

Address 210 Canton Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18515

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11

CERTIFICATE OF DEATH.

Registered No. B C18515

City of Baltimore, (No. 238 S. Dallas St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ernestine Schlatzer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. (Month) 2nd (Day) 1839 (Year)

AGE: 69 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Karl E. Kitzig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Schlatzer

(Address) 411 S. Collington Ave

Filed 1/7 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Balto. Jan. (Month) 5th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1908 to Jan 5th 1909, that I last saw h er alive on Jan 1st 1909, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Valvular Heart Disease (DURATION) ..... DAYS

Contributory Cardiac Failure (DURATION) ..... DAYS

(Signed) L. S. Kirk M. D.

Jan 6th 1909 (Address) 16 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	Jan. 8 1909
UNDERTAKER	**ADDRESS**
H. Sander & Son	1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C18516 Registered No. B C18516

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1200 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marguerite Jarboe

{Residence, if in Baltimore, Give Street and Number.} 1200 Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Not Known 1

AGE: About 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Martin Auer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Zerbein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Jarboe

(Address) 1200 Frederick Ave.

Filed 1/7 1909 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6 1909

I HEREBY CERTIFY, That I attended deceased from Sept 10 1908 to Jan 6 1909 that I last saw her alive on Jan 5 1909, and that death occurred, on the date stated above, at 2:35 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 2 DAYS

Con'tributory (Primary.) Pre Senile Dementia (DURATION) 1 Year

(Signed) Howard W. Jarvis M.D.

Address Irvington

Date Jan. 6 1909

Place of Burial New Cathedral

Date Jan. 9. 1909

Undertaker L. W. Dill

Address 810 Fredk. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C18517

Registered No. C 18517

CERTIFICATE OF DEATH.

(Place of Death.) No. 940 W Lombard St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J Mullen

Residence, Give Street and Number, 940 W Lombard St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~: Widowed

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Anthony Mullen

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary L. Lemmy

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andy Mullen

(Address) 940 W Lombard St

Filed 1/7 1909

HARRY C. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 6th 1909

I HEREBY CERTIFY, That I attended deceased from Aug 29 1908 to Jan 6 1909

that I last saw him alive on Jan 4 1909

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerrhosis of liver.

(DURATION) 130 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) L. E. Beuch M. D.

Address 837 N Fayette St

Date Jan 7 1909

Place of Burial Cathedral Cemetery

Date Jan 9th 1909

Undertaker John J Bowman

Address 901 Collins St

Remarks

Ward 7 C18518 Registered No. B C18518

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Rear 125 E Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Mitchell

{Residence, if in Baltimore, Give Street and Number.} Rear 125 E Hughes

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... 1?

AGE 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Mitchell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah A. Bratt

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A Mitchell

(Address) 227 E Hughes Ave

Filed 1/7 1909

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1909 to Jan 6th 1909 that I last saw h im alive on Jan 6th 1909, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) H. H. Hayden M.D.

Address 1425 Eight St

Date Jan 6 1909

Place of Burial MOUNT OLIVET.

Date JAN 10 1909 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18519 Registered No. B C18519

CERTIFICATE OF DEATH. 29

(Place of Death.) No. Bay View Hospital Insane Dept St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna White

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Shoefitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) .....

Filed 1/7 1909 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5 1909

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Jany 5 1909 that I last saw her alive on Jany 5 1909, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.) Tubercular Peritonitis (DURATION) 4 DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Hospital

Date January 5th 1909.

Place of Burial LOUDON PARK.

Date JAN 8 - 1909 190 .....

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18520 Registered No. B C18520

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1727 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Merchiewski

{ Residence, if in Baltimore, Give Street and Number. } # 1727 Thames St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	..... years, 2 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Peter Merchiewski
BIRTHPLACE OF FATHER (State or country)	Russia Poland
MAIDEN NAME OF MOTHER	Julia Jankowska
BIRTHPLACE OF MOTHER (State or country)	Russia Poland
OCCUPATION OF DECEASED	-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Merchiewchowska

(Address) 1727 Thames St

Filed 1/7 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 7 1909 to Jan 7 1909 that I last saw him alive on Jan 7 1909 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

about 10 hours (DURATION) ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rahlenger M.D.

Address #1709 Alice Anna St

Date Jan. 7th, 1909

Place of Burial Holy Rosary

Date Friday Jany 8th 1909

Undertaker M F Sadowski

Address 703 S Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18521 Registered No. B C18521

150 c

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 Fawn ST St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Abram Katz

{Residence, if in Baltimore, Give Street and Number.} 910 Fawn ST-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH They do not Know 1

AGE 1 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Hyman Katz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sophie Ster

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kasriel Shwartz

(Address) 1132 Stiles ST

Filed

190 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6 1909 to Jan 6 1909 that I last saw h- alive on Jan 6 1909, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia

a few hours (DURATION) DAYS

Con'tributory (Primary.) Cleft Palate (DURATION) DAYS

(Signed) M. Kaufler M.D.

Address 846 E Pratt ST

Date Jan 6 — 1909

Place of Burial Hebrew Hmg Ass'n

Date Jan 8 1909

Undertaker Mac Lennan

Address 1620 N. Eden ST

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 46 Registered No. C C18522

CERTIFICATE OF DEATH.

(Place of Death.) No. 2025 Mura St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph C. Johnson

Residence, Give Street and Number, 2025 Mura St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR White

DATE OF BIRTH 1

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED Widower

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry B Johnson

(Address) Govans

Filed 1/7 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 6, 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4, 1909 to Jan 6, 1909

that I last saw him alive on Jan 6, 1909

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Septicaemia, due to Injury being infected from a splinter, or Power injured

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. A. Colwell, M. D.

Address 1241 Harlem Ave

Date Jan 6, 1909

Place of Burial Baltimore Cem

Date Jan 9/909 1909

Undertaker Wm Cook

Address 902 E. Fairfax

Remarks

Ward 16 Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Hockett

{Residence, if in Baltimore, Give Street and Number.} 1214 Wateoak St.

Duration of Residence in Baltimore. 45 years. C 18523

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	C
DATE OF BIRTH	Nov 27 14 1845
AGE	63 years, 1 months, 11 days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Annapolis Md
FULL NAME OF FATHER	Thomas Boyner
BIRTHPLACE OF FATHER (State or country)	Annapolis Md
MAIDEN NAME OF MOTHER	Susan Brown
BIRTHPLACE OF MOTHER (State or country)	Annapolis Md.
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Harris

(Address) 1214 Whitcock St

Filed Jany 7 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Jan 7 14 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 29 14 1908 to Dec 29 14 1908 that I last saw h er alive on Dec. 29 14 1908, and that death occurred, on the date stated above, at 3.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

about 4½ yrs. (DURATION) DAYS

Contributory (Primary.) Sarcoma

about 4½ years. (DURATION) DAYS

(Signed) L. M. Allen M.D.

Address 2242 Penn Ave.

Date Jan 7 14 1909

Place of Burial Mont Zion

Date Jan 1909

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C18524

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. House of The Good Shepherd St., Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lesbia Mary Bela Rooney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Cumberland Md

FULL NAME OF FATHER: William Rooney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Lyst Ryan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister M. of the Good Shepherd

(Address) Mount St. Rollers Sta

Filed Jany 7 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6th (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from 6th Jan 1909 to 6th Jan 1909 that I last saw h Em alive on 6 Jan 1909, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Acute Brights disease

Duration 2 day (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. F. Mulholland M. D.

1909 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cem House Good Shepherd

DATE OF BURIAL: Jan 5 1909

UNDERTAKER: Jno J Galvin

ADDRESS: 1202 Gilliam St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. C18525 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward IX Registered No. C C18525

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Katzow

Residence, Give Street and Number, 105 N. Harrison st

Duration of Residence in Baltimore, 13 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W

DATE OF BIRTH 1

AGE 67 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Sam Katzow

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Caplan

(Address) 1008 E Fayette st

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH ..... (Jan 7 August) 1909

I HEREBY CERTIFY, That I attended ~~deceased~~ from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 2 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) W. J. Riley Looney M. D.

Address 163 E Burdeny

Date Jan 7/09 190

Place of Burial Hebrew Brandale

Date Jan 8, 1909

Undertaker Max Levinson

Address 1620 McElderry st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C18526 Registered No. B C18526

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 537 Union St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Addison Carter

{Residence, if in Baltimore, Give Street and Number.} 537 Union St

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Richmond Va.

FULL NAME OF FATHER: Addison Carter

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lucy Carter

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Carter

(Address) 537 Union St.

Filed 1/8 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 6 1909

that I last saw h in alive on Jan 4 1909

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Mitral Regurgitant (DURATION) 6 Months

(Signed) John E Huck M.D.

Address 647 N Lafayette Ave

Date Jan 8 1909

Place of Burial Mt Auburn Cemetery

Date January 8th 1909

Undertaker Felix B Pye

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C18527 Registered No. B C18527

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lavi Ochs

{Residence, if in Baltimore, Give Street and Number.} 1905 McElderry St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 24th 1907

AGE 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Sigmund Ochs.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Helen Wittgenstein

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sigmund Ochs.

(Address) 1905 McElderry St

Filed 1/8 1909 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1908 to January 7th 1909

that I last saw h 2in alive on January 7th 1909 at 12

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 29 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. E. Lynch M.D.

Address 1507 E Eager St

Date January 7th 1909

Place of Burial Hebrew Friendship

Date Jan 8 1909

Undertaker J. Ahrens & Co

Address 1607 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C18528 Registered No. C C18528

88

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Thomas Dorsey

Residence, Give Street and Number, 1628 Ashland ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH April 10 1907

AGE 1 years, 8 months, 27 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Edward T. Dorsey

BIRTHPLACE OF FATHER (State or county) Balto.

MAIDEN NAME OF MOTHER Olevia Amoss

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw T. Dorsey

(Address) 1628 Ashland ave

Filed 1/8 1909 HARRY C. ANDREWS., Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6th 1909

I HEREBY CERTIFY, That I attended deceased from Nov 17th 1908 to Jan 6th 1909

that I last saw h[illegible] alive on Jan 6th 1909

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate,)

Stenosis of larynx, Dentition

Convulsions

(DURATION) 8 DAYS

Contributory (Primary) Stenosis of larynx

Dentition (DURATION) Jan 21 DAYS

(Signed) Chas. B. Lee M. D.

Address 5302 Reisterstown

Date Jan 6th 1909

Place of Burial Cathedral Cemetery

Date Jany. 8th 1909

Undertaker Chas F. Evans

Address 118 W. Mt Royal ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...EALTH DEPARTME...

Ward 7

C18529

Registered No. B C18529

93

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Archer

{ Residence, if in Baltimore, Give Street and Number. } 634 S. Fremont Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 23rd 1868

AGE: 40 years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Robert E. Cooper.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Maria A. Grasser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William E. Archer.

(Address) 634 S. Fremont Ave

Filed 1/8 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1909 to Jan 6 1909

that I last saw her alive on Jan 6 1909,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. M. Lumpkin M.D.

Address 603 S. Paca St.

Date Jan 7 1909

Place of Burial Baltimore Cemetery

Date Jan 10th 1909

Undertaker Undertakers John W. Teufel

Address 841 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C18530

Ward 2

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18530

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Elizabeth Buck

Residence, Give Street and Number, 719 S. Broadway

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female. COLOR: White

DATE OF BIRTH: Feb. 14th 1823

AGE: 86 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: widow.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Buck

(Address) 719 S. Broadway

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1909 to Jan 6th 1909 that I last saw h Em alive on Jan 5th 1909 and that death occurred, on the date stated above, at 8 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Nephritis and Senile Exhaustion (DURATION) DAYS

(Signed) Herman J. Sterne M. D.

Address 1937 Eutaw Ave.

Date Jan 6th 1909

Place of Burial Balto. Cemetery

Date Jan. 8th 1909

Undertaker Jno. A. Moran

Address Bank + Arm Sts.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE REVERSE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C18531 — Registered No. C 18531

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 233 S Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie McGill

Residence, Give Street and Number, 233 S Bond St.

Duration of Residence in Baltimore, 10 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: April 19 1850

AGE: 60 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: Patrick Mahanny

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Clark

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 233 S. Bond St

Filed 1/8 1909

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6 = 1909

I HEREBY CERTIFY, That I attended deceased from — 190 ... to — 190 ...

that I last saw h — alive on — 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Thomas Sadler Coroner M. D.

Address 320 N Howard St

Date ... 190 ...

Place of Burial Cathedral Cem

Date January 9 1909

Undertaker John A Moran

Address Bank & Ann Sts

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C18532 Registered No. B C18 151

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Eliza Carter.

{ Residence, if in Baltimore, Give Street and Number. } 621 W Mulberry St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH December 24 1908

AGE ..... years, ... months, 14 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Carter

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliza Offer

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/8 1909 HARRY C. ANDRAE, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5 1909

I HEREBY CERTIFY, That I attended deceased from Dec 24 1908 to Jan 5 1909

that I last saw her alive on " " 1909,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition - Congenital debility

(DURATION) 13 DAYS

Contributory (Primary.) Premature birth

(DURATION) — DAYS

(Signed) Ernest E. Cuelbertson M.D.

Address Johns Hopkins Hospital

Date Jan. 7 1909

Place of Burial JOHNS HOPKINS HOSPT

Date JAN 7 - 1909 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C18533 Registered No. B C18533

CERTIFICATE OF DEATH. 66

(Place of Death.) No. 224 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John G. Hall

{Residence, if in Baltimore, Give Street and Number.} 224 N. Glover st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Not Known 1

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John G Hall

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Lumber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno F Hall

(Address) 224 N Luzerne st

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 5 — 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1908 to Jan. 5 — 1909

that I last saw h in alive on Jan. 4 — 1909,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Right hemiplegia

(DURATION) 7 DAYS

Contributory (Primary.) ———

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st

Date January 6 1909

Place of Burial Baltimore Cemetery

Date Jan. 8 1909

Undertaker E. J Fanning

Address 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C18534 Registered No. C C18534

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sherman Wilson

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR B.

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Md.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address)

Filed 1/8 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Dec 30 1908 to Jan 6 1909

that I last saw h alive on Jan 6 1909

and that death occurred, on the date stated above, at 1.15 A M. CAUSE OF DEATH (Secondary or Immediate,)

Coryza + Exhaustion

(DURATION) — DAYS

Contributory (Primary) Lobar Pneumonia (DURATION) DAYS

(Signed) H K Taber M. D.

Address Bay View Asy.

Date Jan 6 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 7 - 1909 190

Undertaker G. L. Hurley

Address 931 N. Mobert St

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C18535 Registered No. C.....

CERTIFICATE OF DEATH.

C18535

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eg Thomas Chambers

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR B

DATE OF BIRTH — — 1

AGE 23 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 6 1909

that I last saw h alive on Jan 6 1909

and that death occurred, on the date stated above, at 11 15

M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Asy

Date Jan 7 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 7 - 1909 1909

Undertaker G. L. Hurley

Address 931 N. Monument St

Remarks.....

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 18536

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Brown

Residence, Give Street and Number, ~

Duration of Residence in Baltimore, ~

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W.

DATE OF BIRTH ~ 1

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Pa.

FULL NAME OF FATHER ~

BIRTHPLACE OF FATHER (State or county) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or county) ~

OCCUPATION OF DECEASED Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holly Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/8 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Jan 5th 1909

that I last saw him alive on Jan 5th 1909

and that death occurred, on the date stated above, at 8 15 M.

CAUSE OF DEATH (Secondary or Immediate,)

Paralysis & Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Cerebral Hemorrhage

(DURATION) ..... DAYS

(Signed) W Baker M. D.

Address Bay View Hosp

Date Jan 5th 1909

JOHNS HOPKINS HOSPITAL

Place of Burial

Date JAN 7 - 1909 1909

Undertaker S. L. Hurley

Address 931 N. Wood St

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

Ward 11

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18537

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marshall Cooper

Residence, Give Street and Number, Havre de Grace Md.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX male | COLOR white

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. married

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased (Con'd Schmidt City Hosp)

(Address)

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 7 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 6 1908 to Jan. 7 1909

that I last saw h in alive on Jan. 7 1909

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary) Mitral regurgitation

acute dilatation heart (DURATION) DAYS

(Signed) Con'd Schmidt M. D.

Address City Hospital

Date Jan. 8 1909

Place of Burial Havre de Grace Md

Date Jan 8th 1909

Undertaker C. Schumacher Son

Address 1029 Hanover St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C18538 — Registered No. C 18538

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 81 Daisy Hasbulid St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta Rodgers

Residence, Give Street and Number, 1704 Gilmore St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male — COLOR W Colored

DATE OF BIRTH 1

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Augustus Rogers

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Lottie Stewart

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend

(Address) 204 N Bethel St

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 1210 P M. CAUSE OF DEATH (Secondary or immediate,)

Heart Disease (Sudden)

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Fred'k Carullen M. D.

Address Coroners Office

Date Jan 7 09 1909

Place of Burial Mt Zion Cemetery

Date Jan 8 1909

Undertaker R. A. Elliott

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 C18539 Registered No. B C18539

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1006 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Murray

{Residence, if in Baltimore, Give Street and Number.} 1006 Woodyear St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1862

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) . .

MAIDEN NAME OF MOTHER . .

BIRTHPLACE OF MOTHER (State or country) . .

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luther Murray

(Address) 1006 Woodyear

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2 1909 to Jan 7 1909 that I last saw h[er] alive on Jan 7 1909, and that death occurred, on the date stated above, at 7:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema (DURATION) 2 DAYS

Contributory (Primary.) Pneumonia (DURATION) 7 DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St

Date Jan 7. 1909

Place of Burial McAuley Cem[etery]

Date Jan 8 1909

Undertaker Sam'l H. Glace Son

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C C18540

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Humphries

Residence, Give Street and Number, 1129 Sarah alley

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Ireland.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

..... 190 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 6 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1908 to Jan. 6 1909 that I last saw her alive on Jan. 6 1909 and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs

(DURATION) ..... DAYS

Contributory (Primary) Chronic Nephritis

Uraemia (DURATION) ..... DAYS

(Signed) Wm. Schmitz M. D.

Address City Hospital

Date Jan. 6 1908

Place of Burial .....

Date JAN 7 1909 1909

Undertaker .....

Per. Wm. E. WOODALL.

Address .....

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT ... C18541

Ward 14 — Registered No. B 10

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 N. Sicmor St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Alice Jane Duckett

{ Residence, if in Baltimore, Give Street and Number. } 413 N. Sicmor St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH July 14 1858

AGE 50 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Young

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Amanda Hoover

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Young

(Address) 413 N. Sicmor St

Filed 1/8 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1909 to Jan 6th 1909

that I last saw her alive on Jan 6th 1909,

and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Poisoning and Cardiac Depression and subsequent failure.

(DURATION) 2 DAYS

Contributory (Primary.) Influenza

(DURATION) 6 DAYS

(Signed) J. Mortimer Hayes M.D.

Address 901 N. Stricker St

Date Jan 7th 1909

Place of Burial London Park

Date Jan 8 1909

Undertaker [illegible]

Address Carden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18542 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 2116 Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E. Fitzmorris

{Residence, if in Baltimore, Give Street and Number.} 2116 Boyd St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Martin Fitz Morris

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Kinsly

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 1/8 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 6 1909 that I last saw him alive on Jan 4 1909 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia

(DURATION) ..... DAYS

Con'tributory (Primary.) Hathemia

(DURATION) ..... DAYS

(Signed) J. E. Lamar M.D.

Address 1302 W. Lombard

Date Jan 7 1909

Place of Burial Baltimore

Date Jan 8th 1909

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C18543 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1427 Block St — St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Edward Joseph Quirk

{Residence, if in Baltimore, Give Street and Number.} 1427 Block St —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 25 a 1892

AGE: 16 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John J. Quirk

BIRTHPLACE OF FATHER (State or country): London England

MAIDEN NAME OF MOTHER: Mary E. D'Eyon

BIRTHPLACE OF MOTHER (State or country): Liverpool England

OCCUPATION OF DECEASED: Candy Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Quirk.

(Address) 1427 Block St.

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1908 to Jan. 6 1909

that I last saw h[im] alive on " 5 1909

and that death occurred, on the date stated above, at 12 30 a. m. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

8 (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) Chas. D. Neer M.D.

Address 619 Patterson Park ave

Date Jan 6 1909

Place of Burial Holy Cross Cemetery

Date Jan 9 a 1909

Undertaker Lilly and Geiler

Address 403 S. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7X C18544 Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Selig

{Residence, if in Baltimore, Give Street and Number.} 419 Boulding Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 10 1878

AGE: 30 years, 9 months, 25 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Christian Selig

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Eckhart

BIRTHPLACE OF MOTHER (State or country): Galveston Texas U.S.

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Kunstler

(Address) 419 S. Boulding St

Filed 1/8 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6" 1909

I HEREBY CERTIFY, That I attended deceased from Jan: 5" 1909 to Jan 6" 1909

that I last saw him alive on Jan 6" 1909,

and that death occurred, on the date stated above, at 8.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Hernia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Ehrenfringer M.D.

Address Johns Hopkins Hospital

Date Jan 6" 1909

Place of Burial Mount Carmel Cemetery

Date Jan 8th 1909

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MA...

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. C 18545

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Central Ave & Fenwick St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

C18545

Full Name Wm. Whittie

Residence, Give Street and Number, 1217 Greenmount Ave

Duration of Residence in Baltimore, /

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male.

COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: John Whittie

BIRTHPLACE OF FATHER (State or county): Ireland.

MAIDEN NAME OF MOTHER: Julia White

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1217 Greenmount Ave.

Filed 1/8 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6" 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Ran over by car of U.C.A.P. Co. Accidentally.

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Thomas Linder Coroner M. D.

Address 320 N Greene St

Date ... 190 ...

Place of Burial Cathedral

Date Jan 9 - 1909

Undertaker H. C. Niedefeld

Address 914 Greenmount Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C18546 Registered No. B C18546

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 W. Lexington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Goodhand Hopkins

{Residence, if in Baltimore, Give Street and Number.} 724 W. Lexington St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 27 1879

AGE: 29 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kent Island Md

FULL NAME OF FATHER: Wm Hopkins

BIRTHPLACE OF FATHER (State or country): Kent Island Md

MAIDEN NAME OF MOTHER: Florence Goodhand

BIRTHPLACE OF MOTHER (State or country): Kent Island Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. Hopkins

(Address) 724 N. Lexington St.

Filed 1/8 1909 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1909

I HEREBY CERTIFY, That I attended deceased from Oct 15 1908 to Jan 7 1909

that I last saw h[illegible] alive on Jan 7 1909,

and that death occurred, on the date stated above, at 9.05 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Exhaustion

(DURATION) 4 yrs

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Robt C Bay M.D.

Address University Hospital

Date Jan 9 1909

Place of Burial Kent Co Stevensville Md

Date Jan 9 1909

Undertaker Wm G Kidder Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18547 HEALTH DEPARTMENT, City of Baltimore. C18547

Ward 10 Registered No. B 125

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin F. Gawthrop

{Residence, if in Baltimore, Give Street and Number.} 1113 W. Franklin st.

Duration of Residence in Baltimore. Life-time C18547

PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR white

DATE OF BIRTH Nov 3 1827

AGE 81 years, 2 months, 4 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ married.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Richard Gawthrop

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Charlotte Young

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Hank Gawthrop.

(Address) 1113 W. Franklin St.

Filed 1/8 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7, 1909

I HEREBY CERTIFY, That I attended deceased from Decem. 26, 1908 to Jan. 7, 1909 that I last saw h im alive on January 7, 1909 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Con'ributory (Primary) Enlarge Prostate + Cystitis (DURATION) many DAYS

(Signed) John Hood, M.D.

Address 630 N. Gilmor st

Date January 5, 1909

Place of Burial London Park.

Date Jan 9 1909.

Undertaker Geo. J. Smith Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18548

66

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18548

City of Baltimore, (No. 710, Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth A Grice

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	Oct 16 1827 (Month) (Day) (Year)
AGE	82 years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Henry Kehlenbeck
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Ellen Kehlenbeck
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Grice

(Address) 710 Mosher St.

Filed 1/8 1909

HARRY O. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 7 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 5 1908 to Jany 6 1909

that I last saw h[illegible] alive on Jany 6 1909,

and that death occurred, on the date stated above, at 5 a m. The CAUSE OF DEATH was as follows:

Paralysis

about 11 months (DURATION) DAYS

Contributory Age

(DURATION) DAYS

(Signed) Robert C Kuhn M. D.

Jany 7 1909 (Address) 1001 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 9 1909
UNDERTAKER	ADDRESS
W M. Routson	230 N Greene St.

WM. J. C. DULANY CO., BALTIMORE.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C18549 — C18549

Ward 14 — Registered No. C 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Matthews

Residence, Give Street and Number, St Vincents Inf Asy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F — COLOR W

DATE OF BIRTH 1

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or couuty)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy.

(Address) .....

Filed 1/8 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 5 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 6 1909

that I last saw h.. alive on " " 1909

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date Jan 7 1909

Place of Burial Mt Calvary

Date Jan 8 1909

Undertaker J Martin Fahey

Address 608 Lafayette Ave

Remarks .....

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City of
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BIRTHPL OF FATH (State or c
MAIDEN OF MOTH
BIRTHPL OF MOTH (State or c
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Filed 1/8

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C18550

Registered No. C 18550

11

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Arsonia Innes

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH 1908

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address) .....

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6 1909 to Jan 8 1909

that I last saw her alive on " 1909

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M. D.

Address .....

Date Jan 8 1909

Place of Burial New Cathedral

Date Jan 8 — 1909 190

Undertaker Martin Fahey Son

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON BACK.

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C18551

Registered No. C 18551

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Singer

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf. Asy.

(Address) .....

Filed 1/8 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 5 1909

that I last saw her alive on " " 1909

and that death occurred, on the date stated above, at 11 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date Jan 7 1909

Place of Burial Mur Cathedral

Date Jan 8 1909

Undertaker Martin Fahy & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18552 Registered No. C C18552

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Devine

Residence, Give Street and Number, St Vincents Infant Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR Wt

DATE OF BIRTH 1908

AGE ..... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address) .....

Filed 1/5 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 6 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Jan 6 1909

that I last saw him alive on Jan 5 1909

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date Jan 6 1909

Place of Burial New Cathedral

Date Jan 8 1909

Undertaker Martin Feahey & Sons

Address 406 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C 18553 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 Patapsco St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen T. Hooper

Residence, Give Street and Number, 1409 Patapsco St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Femail

COLOR: White

DATE OF BIRTH: March 26 1877

AGE: 31 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Benyumin F. Hooper

BIRTHPLACE OF FATHER (State or county): Baltimore Md

MAIDEN NAME OF MOTHER: Sarah Smick

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Hooper Mother

(Address) 1409 Patapsco St

Filed

Jany 8 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 6th 1909

I HEREBY CERTIFY, That I attended deceased from DEC 29th 1908 to Jan 6th 1909

that I last saw her alive on Jan 6th 1909

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonitis

(DURATION) 8 DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) 2 DAYS

(Signed) H. J. Carrick M. D.

Address 1417 McCulloh St

Date January 6th 1909

Place of Burial Baltimore Cemetery

Date January 10 1909

Undertaker Edward L. Lanning

Address 1460 Battery Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 18554

CERTIFICATE OF DEATH.

11

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James R. Steadman

Residence, Give Street and Number, 1107 E. Fort Ave

Duration of Residence in Baltimore, 15 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH 1859

AGE 50 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) St. Marys Co. Md

FULL NAME OF FATHER Jas. Steadman

BIRTHPLACE OF FATHER (State or county) England

MAIDEN NAME OF MOTHER Mary Long

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Railroader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt C. Steadman

(Address) 1107 E. Fort Ave.

Filed Jany 8 1909 HARRY O. ARNOLD, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 7 1909

I HEREBY CERTIFY, That I attended deceased from Jan 3 1909 to Jan 7 1909

that I last saw him alive on Jan 7 1909

and that death occurred, on the date stated above, at 9-20 P M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Dilatation of Heart

(DURATION) 5 DAYS

Contributory (Primary) Cardiac Insufficiency

Mitral Insufficiency & Mitral St. (DURATION) 15 yrs

(Signed) Lawrence Kolb M. D.

Address University Hospital

Date Jan 7 1909

Place of Burial Bal. Co.

Date Jan. 11 1909

Undertaker [illegible]

Address 1232 Hillsdale Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C18555 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7D

Registered No. C C18555

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1234 S Sharp St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Eagan

Residence, Give Street and Number, 1234 S. Sharp St

Duration of Residence in Baltimore, 45 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Don't Know

AGE 66 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER John Murray

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or county) Don't Know

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Smith daughter

(Address) 1234 S. Sharp St

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 6 1909

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at 6.45 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Failure

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Dr. M. Reinhardt M. D.

Address Coroner

Date January 8 1909

Place of Burial St. Peters Cemetery

Date January 9 1909

Undertaker L. & M. D. Flynn

Address 426 W. Mat St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C18556 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. C C18556

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 440 N. Luzerne St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Reis

Residence, Give Street and Number, 440 N Luzerne St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR W

DATE OF BIRTH 1

AGE years, 10 mos. months days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER William L Reis

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Agnes Hartman

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William L. Reis

(Address) 440 N. Luzerne

Filed 1/8 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 7 1909

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to 190

that I last saw h ~~alive~~ on 190

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Premature -

Intero Gest: 6 mo

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carrell M. D.

Address Edmondson Ave

Date Jan 8 1909

Place of Burial St Alphonsus

Date Jan. 7 1908

Undertaker Jos. J. Beyer

Address 1914 E. Fayette

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18557

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 W Lexington St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lawrence K. Reist (Reist)

Residence, Give Street and Number, 1612 W Lexington St

Duration of Residence in Baltimore, Unknown

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown 1865

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Hornell - N.Y.

FULL NAME OF FATHER: J. H. Carney.

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence Reist

(Address) 1612 W Lexington St

Filed

190 HARRY C. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 8th 1909.

I HEREBY CERTIFY, That I attended deceased from Dec 27 1908 to January 7 1909.

that I last saw her alive on January 7 1909.

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Ch. Parenchymatous Nephritis.

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) H. K. Arthur M. D.

Address 1516 W Lexington St

Date January 8th 1909

Place of Burial Harnell New York

Date Jan 8 1909

Undertaker Mrs William Cook

Address 602 E. N. Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1

HEALTH DEPARTMENT, City of Baltimore.

C18558

Registered No. C 18558

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 300 Old York Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua H. Baer

Residence, Give Street and Number 300 Old York Road Yd.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH March 11 1

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Christian Stranger

BIRTHPLACE OF FATHER (State or county) Md Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Baer

(Address) 300 Old York Rd.

Filed 1/8 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 7th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to Jan 7 1908

that I last saw her alive on Jan 6 1908

and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary) Chronic Tuberculosis

(DURATION) DAYS

(Signed) G. M. Litsinger M. D.

Address 127 E. North Ave

Date Jan 8th 1908

Place of Burial Cresta Cem Govans

Date Jan 10 1909

Undertaker Wm Cook

Address 502 E North Ave.

Remarks

Ward 7K

HEALTH DEPARTMENT, City of Baltimore.

C18559

Registered No. C C18559

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1402 Battery Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Spiegel

Residence, Give Street and Number, 1402 Battery Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: —

1

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): —

FULL NAME OF FATHER: Patrick Foley

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Spiegel

(Address) 1402 Battery ave

Filed 1/8 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 6 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 6 1909

that I last saw her alive on Jan 5 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis. —

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo a Strauss M. D.

Address 420 Hanover St

Date January 7 — 1909

Place of Burial Mt Olivet

Date Jan 9/909 1909

Undertaker Lowe Cook

Address 1502 E Baltimore

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C18560

Registered No. C C18560

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1027 76 Somerset St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Ora Gutman

Residence, Give Street and Number, 1027 76 Somerset St

Duration of Residence in Baltimore, 50 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR W.

DATE OF BIRTH April 19 1840

AGE 68 years, 9 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany.

FULL NAME OF FATHER Martin Schneider

BIRTHPLACE OF FATHER (State or county) Germany.

MAIDEN NAME OF MOTHER Margaret Koenigs

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ida Gutman

(Address) 1027 Somerset St.

Filed 1/8 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 6th 1909

I HEREBY CERTIFY, That I attended deceased from June 6 1909 to June 6th 1909

that I last saw her alive on June 6 1909

and that death occurred, on the date stated above, at 3.15 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy. (DURATION) 1/4 hours

Contributory (Primary)

(DURATION) DAYS

(Signed) Edward [illegible] M. D.

Address 919 Eutaw St

Date June 6th 1909

Place of Burial Holy Redeemer Cem.

Date Jan 8 1909

Undertaker A. Fink & Son

Address 916 W. Lexington St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C18561 Registered No. B C18561

CERTIFICATE OF DEATH.

(Place of Death.) No. 603 Pierce Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaiah Hemsley

{Residence, if in Baltimore, Give Street and Number.} 603 Pierce Street

Duration of Residence in Baltimore. Fourty-one years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Sept. 22" 1842

AGE 66 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Isaiah Hemsley

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Nicol-Wilson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Hemsley

(Address) 578 N Biddle St

Filed 1/8 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 6 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 6 1909 that I last saw h alive on Jan 6 1909, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach & liver.

One year (DURATION) — DAYS

Contributory (Primary.) old age

Complication (DURATION) — DAYS

(Signed) Edward J. Wheatley M.D.

Address 1220 E. Fayette Ave

Date Jan. 7 — 1909

Place of Burial Mt Auburn

Date January 9 1909

Undertaker Alex Hemsley

Address 578 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 21

Registered No. B C18562

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 Campbell St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Emerson J Downs

{ Residence, if in Baltimore, Give Street and Number. } 624 Campbell

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 3 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Charles Downs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Chew

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Downs

(Address) 621 Campbell St

Filed Jany 8 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 7 1909 to Jan 8 1909

that I last saw him alive on Jan 7 1909

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia Croup

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Campbell M.D.

Address 617 Cathedral

Date Jan 8 1909

Place of Burial Laurel Cemetery

Date Jany 9 1909

Undertaker Wm H Hooper

Address 609 Little Paca St

Jany 9 at 1 O'Clock P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

C18563

Ward ..... Registered No. B C18563

CERTIFICATE OF DEATH.

(Place of Death.) No. 935 S Stanrus Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Stephan

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 5 1873

AGE 35 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Stephan

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Zimborg

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Can-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Jany 9 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 7 1909

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Jan 6 1909 that I last saw him alive on Jan 6 1909, and that death occurred, on the date stated above, at 9:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory and Cardiac failure

(DURATION) 3-4 DAYS

Contributory (Primary.) Pneumonia (DURATION) several months DAYS

Tuberculosis

(Signed) Leo Kahnweiler M.D.

Address 1114 S. Chesapeake

Date January 8 1909

Place of Burial St Stanislaus

Date Saturday Jany 9" 1909

Undertaker W. F. Santoski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18564 HEALTH DEPARTMENT, City of Baltimore.

C18564

Ward 2nd

Registered No. B

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1711 Lancaster St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Borkowski

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: May 31 1908

AGE: ..... years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Josef Borkowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Anastazya Gogolna

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anastazya Borkowski

(Address) 1711 Lancaster St

Filed

Jany 9 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 7 1909

I HEREBY CERTIFY, That I attended deceased from January 7 1909 to January 7 1909

that I last saw him alive on January 7 1909,

and that death occurred, on the date stated above, at 7 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis (DURATION) 3 DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) S. J. Szumalski M.D.

Address 1713 Bank St

Date January 7th 1909

Place of Burial Holy Rosary

Date Saturday Jany 9th 1909

Undertaker W. T. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 18565

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Off Foot of Thames St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Chase

Residence, Give Street and Number, Forest St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored.

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Bud Mitchell

BIRTHPLACE OF FATHER (State or county): Dont-Know

MAIDEN NAME OF MOTHER: Ella Hall

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margarett Jones

(Address) 121 N. Duncan

Filed 1/9 1909

HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 6 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M.

CAUSE OF DEATH (Secondary or Immediate,)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Linden Connor M. D.

Address 320 N Greene St

Date 190

Place of Burial Asbury C

Date Jan 9 tte 1909

Undertaker Wm J G Jackson

Address 1421 Mullikin St-

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. C18566

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C18566 19

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Green

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR B

DATE OF BIRTH — 1

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Washington D.C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly Supt. BAY VIEW ASYLUM.

(Address)

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 7 1909

I HEREBY CERTIFY, That I attended deceased from Nov 25 1908 to Jan 7 1909

that I last saw her alive on Jan 7 1909

and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) 4 DAYS

Contributory (Primary) Organic Heart

disease (DURATION) DAYS

(Signed) W. H. Baker M. D.

Address Bay View Hosp.,

Date Jan 7 1909

Place of Burial Sacred Heart

Date Jany 9th 1909

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18567

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B C18567

City of Baltimore, (No. 522, S. Bethel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John James

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 1st 1826 (Month) (Day) (Year)
AGE	82 years, 8 months, — days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry James

(Address) 20 N. Streeper St.

Filed 1/9 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. (Month) 8 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 8 1909 that I last saw h-im alive on Jan 8 1909, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Acute Indigestion

(DURATION) DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) G. C. Thieme M. D.

Jan 11 1909 (Address) 303 S. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Evangelist	Jan 10 1909
UNDERTAKER	ADDRESS
A. Landau Son	1116 Eastern Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C18568 Registered No. B C18568

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Wankmiller

{ Residence, if in Baltimore, Give Street and Number. } # 514 S. Ann St

Duration of Residence in Baltimore. 45 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 27th 1842

AGE 66 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Karl Pfeifer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William A. Wankmiller

(Address) 514 S. Ann St.

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 7th, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1908 to Jan. 7 1909 that I last saw her alive on Jan 5 1909, and that death occurred, on the date stated above, at 1.0 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Debility

About one year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Ruhberger M.D.

Address #1709 Alice Anna St

Date Jan. 7 1909

Place of Burial St. Pauls Cem

Date Jan 10 1909

Undertaker L. Landon Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B C18569

C18569

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 2036 Gough St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Goeb

{Residence, if in Baltimore, Give Street and Number.} 2036 Gough St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 26" 1908

AGE ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Goeb

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Louisa Engelhardt

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Goeb.

(Address) 2036 Gough St.

Filed 1/9 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 7 1909 that I last saw him alive on Jan 7 1909 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia causing respiratory failure

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) 3 DAYS

(Signed) G. G. Rank M.D.

Address 2100 E. Baltimore St

Date Jan 8 1909

Place of Burial Baltimore Cemetery

Date Jan 9 1909

Undertaker H. Sander & Sons

Address 1710 Caution Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18570

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C18570

City of Baltimore, (No. 1809 W Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Patrick Mc Donald

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct (Month) 27 (Day) 1842 (Year)

AGE 66 years, 2 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Charles Mc Donald

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Fity Patrick

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Mc Donald

(Address) 1809 W Mulberry St

Filed 1/9 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 23d 1908 to Jany. 8th 1909 that I last saw him alive on Jany. 8th 1909, and that death occurred, on the date stated above, at 4.45 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

Two weeks (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Louis W. Knight, M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral Cem | DATE OF BURIAL Jan 11 1909

UNDERTAKER Jos B Cook | ADDRESS 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

C18571

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18571

City of Baltimore, (No. 882 W Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza D. Leroy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: December (Month) 11 (Day) 1838 (Year)

AGE: 70 years, — months, 27 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: James Minifie

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Eliza Brain

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr H. H. Leroy

(Address) 882 W Baltimore

Filed 1/9 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 7 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Past 2 yr. 190 to Jan 7 1909

that I last saw h[e] alive on Jan 4 1909,

and that death occurred, on the date stated above, at 1 A.M., The CAUSE OF DEATH was as follows:

Senile Degeneration

Had been bed ridden for 4 years. (DURATION) DAYS

Contributory Exhaustion

2 weeks (DURATION) DAYS

(Signed) John H Claire M. D.

Jan 10 1909 (Address) Cary & Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Jan 12 1909

UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C18572 Registered No. B C18572

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 1310 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Butler

{Residence, if in Baltimore, Give Street and Number.} 1310 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 1856

AGE: 52 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Butler

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Ryan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas F Butler

(Address) 1310 W Lombard

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 8 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 8 1909 that I last saw h— alive on Jan 8 1909 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

LaGrippe

Deceased probably had pulmonary tuberculosis was in an unsanitary condition for a few days ago

4 days (DURATION) DAYS

Con'ributory (Primary.) Hesitancia

(DURATION) DAYS

(Signed) J. E. Pannel M.D.

Address 1302 W. Lombard St

Date Jan 8 1909

Place of Burial New Cathedral

Date January 11 1909

Undertaker Joseph B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C18573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

81

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18573

City of Baltimore, (No. 1919 Mc Culloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel M. Salomon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 26 (Month) (Day) 1842 Year)

AGE: 66 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Martin Salomon

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Regina Bonnfelder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: of Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bertha Salomon

(Address) 1919 Mc Culloh St

Filed 1/9 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 7th 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1908 to Jany 7th 1909

that I last saw him alive on Jany 7th 1909,

and that death occurred, on the date stated above, at 1.50 P.M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage ("apoplexy")

(DURATION) 2 DAYS

Contributory Arteriosclerosis

(DURATION) ? DAYS

(Signed) Louis P Hamburger M. D.

Jany 9th 1909 (Address) 1207 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Bath Hebrew — DATE OF BURIAL: June 10 1909

UNDERTAKER: Jos I Cook — ADDRESS: 100 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C18574 — Registered No. B C18574 — 1766

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 N Carey St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick W. Smith Jr

{ Residence, if in Baltimore, Give Street and Number. } 622 N Carey St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Jany. 6th 1909

AGE 42 days — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Fred'k W. Smith

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Clara Bitz

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. W. Smith

(Address) 622 N Carey St.

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 8th 1909

I HEREBY CERTIFY, That I attended deceased from Jany 6 1909 to Jany 8 1909 that I last saw him alive on Jany 7th 1909, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions due to severe traffected birth

42 hrs. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) E. A. Spicer M.D.

Address 1605 W North Ave

Date Jany. 8th 1909

Place of Burial London Park Cemetery

Date JAN 9 1909 190

Undertaker George A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C18575 — Registered No. B C18575

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 S Arlington Ave St. 19

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Burton

{Residence, if in Baltimore, Give Street and Number.} 10 S Arlington Ave.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1

AGE 60 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co Md.

FULL NAME OF FATHER John Bond.

BIRTHPLACE OF FATHER (State or country) Balto Co Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Balto Co Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James Burton

(Address) 10 S Arlington Ave

Filed 1/9 190 9 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JAN 7 1909 190

I HEREBY CERTIFY, That I attended deceased from Dec 29 190 to Jan 7 1909 that I last saw h er alive on Jan 7 1909, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexia.

(DURATION) 10 DAYS

Contributory (Primary.) Mitral Regurgitation

(DURATION) DAYS

(Signed) L. Hellrich M.D. M.D.

Address 22 N Carey St.

Date 190

Place of Burial Baltimore Cemetery

Date JAN 9 1909 190

Undertaker Geo A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C18576 — Registered No. B C18576.

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 Eighth St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W Gaither

{ Residence, if in Baltimore, Give Street and Number. } 102 Eighth St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec 13 1908

AGE: 0 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Harry Gaither

BIRTHPLACE OF FATHER (State or country): Balt.

MAIDEN NAME OF MOTHER: L. A Nally

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Harry Gaither

(Address) 102 Eighth St

Filed 1/9 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 8 1909

I HEREBY CERTIFY, That I attended deceased from Dec 13 1908 to Jan 8 1909 that I last saw him alive on Jan 7 1909, and that death occurred, on the date stated above, at 2.25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia

(DURATION) 3 DAYS

Con'tributory (Primary.) Mass-Pharyngeal Lymph Hyperplasia (DURATION) Life DAYS

(Signed) Edward W Jones M.D.

Address Jenning Bldg

Date January 8 1909

Place of Burial Mt Olivet Cem

Date Jan 10 1909

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C18577 — Registered No. C C18577

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Rear of 412 N. Franklin St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Sewell alias Jno Gibson

Residence, Give Street and Number, Rear of 412 N Franklin St

Duration of Residence in Baltimore, Unknown

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	Colored
DATE OF BIRTH	Month & ?? 1847
AGE	60 years, 10 months, 28 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Widower
BIRTHPLACE (State or county)	Md.
FULL NAME OF FATHER	Robert Sewell
BIRTHPLACE OF FATHER (State or couuty)	Md
MAIDEN NAME OF MOTHER	Ridy Gipson
BIRTHPLACE OF MOTHER (State or county)	Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ridy Andrews

(Address) 622 Pine St

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 8 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Arthritis & Heart Trouble

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 700 N Laf. Ave (Comm.)

Date Jan 9 1907

Place of Burial Antrim Cem

Date Jan 9th 1907

Undertaker J. Pfeltz & Son

Address 1422 E Baltimore

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 X

C18578 Registered No. B C18578

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Helena Walls.

{ Residence, if in Baltimore, Give Street and Number. } Galena. Md.

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH 1

AGE 2 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Galena Md

FULL NAME OF FATHER John A Walls

BIRTHPLACE OF FATHER (State or country) Kent Co Md

MAIDEN NAME OF MOTHER Linda J. Redding

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Linda J. Walls

(Address) Galena Kent Co Md

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1909

I HEREBY CERTIFY, That I attended deceased from 1-4 1909 to 1-8 1909 that I last saw her alive on 1-8 1909, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxiation

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1½ DAYS

(Signed) M. A. V. Smith M.D.

Address Md. Gen. Hospital.

Date 1-7 1909

Place of Burial Galena Kent Co Md

Date Jan 10th 1909

Undertaker H E Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C18579 Registered No. B C18579

CERTIFICATE OF DEATH.

(Place of Death.) No. Edward 1418 E Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Eaton Hays

{ Residence, if in Baltimore, Give Street and Number. } 1418 E Oliver St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH ~~Jan 8~~ ~~1907~~

AGE ____ years, 22 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Samuel Hays

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Clara Lee Harvey

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Hays

(Address) 1418 Oliver St

Filed 1/9 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1909

I HEREBY CERTIFY, That I attended deceased from Jany 5th 1909 to January 8th 1909 that I last saw h. in. alive on Jany 8th 1909 and that death occurred, on the date stated above, at 8 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) 1 DAYS

Contributory (Primary.) Laryngeal Diphtheria

(DURATION) 1 DAYS

(Signed) Thos. A. Meyer M.D.

Address 1931 N. Caroline St.

Date Jany 9th 1909

Place of Burial Greenmount Cemetery

Date Jan 9th 1909

Undertaker H. E. Hughes

Address 175 Broadway

3 P.M.!

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C18580 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. C C18580

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 926 Peach Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Smith Hutson

Residence, Give Street and Number, 926 Peach Alley

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH Dont Know

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER James Hutson

BIRTHPLACE OF FATHER (State or county) Dont Know

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Hutson daughter

(Address) 926 Peach Alley

Filed 1/9 190 9 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 8 190 9

I HEREBY CERTIFY, That I attended deceased from ——— 190 ——— to ——— 190 ———

that I last saw h ——— alive on ——— 190 ———

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's Disease

(DURATION) ——— DAYS

Contributory (Primary) ———

(DURATION) ——— DAYS

(Signed) H. H. Leonhardt M. D.

Address Coroner

Date January 8 190 9

Place of Burial Mt Auburn

Date Jan 9 190 9

Undertaker Jno N. Toadvine

Address 142 West St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18581 Registered No. B C18581

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 801 Sterling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida S. Hall

{Residence, if in Baltimore, Give Street and Number.} 801 Sterling St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mixed

DATE OF BIRTH: 1880

AGE: 29 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Hall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret M. Anderson

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret M. Hall

(Address) 801 Sterling St

Filed 1/9 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 7 — 1909

I HEREBY CERTIFY, That I attended deceased from Dec 20 1909 to Jan 7 — 1909 that I last saw h[illegible] alive on Jan 7 — 1909, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pneumonitis

(DURATION) 13 DAYS

Contributory (Primary) La Grippe (DURATION) 5 DAYS

(Signed) W. F. Towers M.D.

Address 1324 Druid Hill Ave

Date Jan 8 — 1909

Place of Burial Asbury Cemetery

Date Jan 10th 1909

Undertaker Chas H. Baker

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, cause and date of death.*** deceased, and the ***condition*** (whether married or single) of the person

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 Registered No. B C18582

C18582

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 609 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm F. Taylor

{Residence, if in Baltimore, Give Street and Number.} 609 N. Eden St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1841

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Taylor

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Caulker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas G Bailey

(Address) 1421 Jefferson St

Filed 1/9 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 6 — 1909

I HEREBY CERTIFY, That I attended deceased from Dec 6 — 1908 to Jan 6 — 1909 that I last saw him alive on Jan 6 — 1909, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dyspepsia

Sudden death (DURATION) — DAYS

Contributory (Primary.) Arterio-sclerosis & Cardiac dilatation several yrs (DURATION) DAYS

(Signed) W. F. Harris M.D.

Address 1344 Druid Hill Ave.

Date Jan 8 — 1909

Place of Burial Laurel Cemetery

Date Jan 10th 1909

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. B 18583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

Registered No. B 18583

City of Baltimore, (No. 1615, W. Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: August (Month) 25 (Day) 1854 (Year)

AGE: 54 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph G. Williams

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary G. Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Kross

(Address) 103 N. Mount St.

Filed 1/9 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 7 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 7 1909 to Jan 7 1909 that I last saw her alive on Jan 7 1909, and that death occurred, on the date stated above, at 11.15 P. M. The CAUSE OF DEATH was as follows:

Acute Nephritis

Probably about 6M (DURATION) DAYS

Contributory Acute Gastritis (DURATION) DAYS

(Signed) B F French M. D.

Jan 8 1909 (Address) 1514 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery | DATE OF BURIAL: Jan 10 1909

UNDERTAKER: Edward E Fuller | ADDRESS: 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C18584 Registered No. C C18584

CERTIFICATE OF DEATH.

65

(Place of Death.) No. 906 Light St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lenard.

Residence, Give Street and Number, 906 Light St

Duration of Residence in Baltimore, 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: DEC 10 1831

AGE: 77 years, months, 29 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Md - 25 yrs in Balto.

FULL NAME OF FATHER: Samuel Craig

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary A. Craig

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Lowe

(Address) 906 Light St

Filed 1/9 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 8 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1908 to Jan. 8 1909

that I last saw her alive on Jan. 7 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral softening

(DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) Hubert C. Blake M. D.

Address 1014 W. Lafayette

Date Jan. 9. 1909

Place of Burial Lamb Md

Date Jan 11 1909

Undertaker Armstrong - Wenzy Co

Address 715-17 Light St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18585 Registered No. B C18585

CERTIFICATE OF DEATH.

106

(Place of Death.) No. Home for the Aged Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Booze

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 92 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Chester Co. Maryland

FULL NAME OF FATHER: Thomas Booze

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rebecca Booze

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Cyrille

(Address) Preston and Valley Sts

Filed 1/9 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to 1909

that I last saw h alive on Jany 4 1909,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

1 Week (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Jany 8 1909

Place of Burial Baltimore

Date Jan 9 - 1909

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th

C18586 Registered No. B C18586

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 E. Clement St. 79

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Smith

{Residence, if in Baltimore, Give Street and Number.} 1413 E Clement

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~White~~ Male | COLOR White

DATE OF BIRTH ~~Sept 17th~~ 1849

AGE 59 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) England

FULL NAME OF FATHER James Smith

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs Fannie Smith

(Address 1413 E. Clement St

Filed 1/9 1909 HARRY C. ANDRA Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 8 — 1909

I HEREBY CERTIFY, That I attended deceased from Jany 8" 1909 to Jany 8 — 1909 that I last saw h alive on Jany 8 1909, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dilated Heart

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. Lutmus M.D.

Address 1328 Belvedere

Date Jany 11th 1909

Place of Burial Cedar Hill Cem

Date Jan 11th 1909

Undertaker E. Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 Registered No. C 018587

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 520 N Arlington ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Richardson

Residence, Give Street and Number, 520 N Arlington ave

Duration of Residence in Baltimore, 15 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR white

DATE OF BIRTH June 27th 1831

AGE 77 years, 6 months, 11 days

~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER James Straughn

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Sarah Price

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Jones

(Address) 520 N Arlington ave

Filed 1/9 1909 HARRY O. ANDR~~EWS~~, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 8th 1909

I HEREBY CERTIFY, That I attended deceased from from 1902 to Jan 8th 1909

that I last saw her alive on ~~Dec~~ Dec 15th 1908

and that death occurred, on the date stated above, at 4-30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Arterio Sclerosis

7 years (DURATION) ~~DAYS~~

Contributory (Primary) Angina Pectoris

(DURATION) DAYS

(Signed) H P Chambers M. D.

Address 18 W Franklin St

Date 190

Place of Burial Centreville Md

Date January 11th 1909

Undertaker Stewart & Mowen Co

Address 215 Park ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

C18588

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C18588

Registered No. B .....

City of Baltimore, (No. Edmonson Av. 19th St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Warren H. Sadler

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September (Month) 30th (Day) 1841 (Year)

AGE 67 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Lockport New York

FULL NAME OF FATHER Warren A Sadler

BIRTHPLACE OF FATHER (State or country) Lockport New York

MAIDEN NAME OF MOTHER Lucretia Hunt

BIRTHPLACE OF MOTHER (State or country) New York State

OCCUPATION OF DECEASED Proprietor of Business College

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Warren Sadler

(Address) Edmonson Ave & 19th St

Filed 1/9 1909 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January (Month) 7 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1908 to Jany 7th 1909 that I last saw him alive on Jany 7 1909 and that death occurred, on the date stated above, at 10 30 P. M. The CAUSE OF DEATH was as follows:

Bright's disease,

(DURATION) 63 DAYS

Contributory Paralysis,

(DURATION) 7 DAYS

(Signed) Robt McKeen M. D.

Jan 8 1909 (Address) 1001 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan. 10th 1909
UNDERTAKER	ADDRESS
Stewart & Mowen Co	215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name

READ THE LAW PRINTED ON THE MARGIN. C18589 WHITE PLEASE WRITE. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 Registered No. C C18589

CERTIFICATE OF DEATH.

104

(Place of Death.) No. Richmond & Cathedral St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Boyd

Residence, Give Street and Number, Albion Hotel

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: May 10th 1838

AGE: 70 years, 7 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Frederick City Md

FULL NAME OF FATHER: David Boyd

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Mary Mickell

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Advertising Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Boyd Jr.

(Address) 1602 Eutaw Pl

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 8th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2 1909 to Jan 8 1909

that I last saw him alive on Jan 7 1909

and that death occurred, on the date stated above, at 7 35 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

(DURATION) DAYS

Contributory (Primary) Acute

M. D. Bolton (DURATION) — DAYS

(Signed) Jno A Lawrence M. D.

Address 1600 Eutaw Pl

Date Jan 8th 1909

Place of Burial Green Mt Cemetery

Date January 10th 1909

Undertaker Stewart & Mowen Co

Address 215 Park Ave

Remarks

Removed 1023 N Eutaw St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name

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HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C18590 *Registered No. B* C18590

CERTIFICATE OF DEATH.

61

(Place of Death.) *No.* 1110 S. Bunley st *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sabuda

{ Residence, if in Baltimore, Give Street and Number. } 1110 Bunley st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: W.
DATE OF BIRTH: Sept. 1907	
AGE: 1 years, 3 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Stefan Sabuda	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Alexandria Golumbovsky	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stefan Sabuda

(Address) 1110 Bunley st.

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 2 1909 to Jan 4 1909 that I last saw h alive on Jan 4 1909, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo F Tilsack M.D.

Address 105 S. Bond St.

Date Balto Jan 8 1909

Place of Burial Holy Redeemer

Date Jan. 8 1909

Undertaker Kenick Conrad

Address 1904 Eastlandtown

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C18591 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C18591

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Arnolds Fertilizing Works Ft of Allen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Patterson

Residence, Give Street and Number, 671 Pierce St

Duration of Residence in Baltimore, 20 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR Colored

DATE OF BIRTH Don't know

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Calvert Co Md.

FULL NAME OF FATHER John Patterson

BIRTHPLACE OF FATHER (State or county) Calvert Co Md.

MAIDEN NAME OF MOTHER Nettie A Campbell

BIRTHPLACE OF MOTHER (State or county) Calvert Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Patterson Brother

(Address) 715 N Myrtle Ave

Filed 1/9 1909 HARRY O. ANDREWS Registrar. PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 7 1909

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Otto M Reinhardt M. D. Coroner

Address ...

Date January 8 1909

Place of Burial Governors Run Wheel Calvert Co Md

Date Jan 9, 1909

Undertaker W T Elliott

Address 506 Rogers Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18592 Registered No. C C18592

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 837 Fisguith St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John. A. Stribble

Residence, Give Street and Number, 837 Fisguith St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH 1

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) City

FULL NAME OF FATHER George Stribble

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Fillinger

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Adeline Stribble

(Address) 837 Fisguith St

Filed 1/9 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 7 1909

I HEREBY CERTIFY, That I attended deceased from Dec 19 1908 to Jan 7 1909 that I last saw h alive on Jan 6 1909 and that death occurred, on the date stated above, at 1 25 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage

on Dec 19. (DURATION) DAYS

(Signed) M. L. Todd M. D.

Address 1202 E. Monument St

Date Jan 7 1909

Place of Burial Loudon Park Cemetery

Date Jan. 11 1909

Undertaker Henry Hoecke & Son

Address 1301 E. Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C18593 Registered No. C C18593

CERTIFICATE OF DEATH. 27.

(Place of Death.) No. 1507 Fairmount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Cummings

Residence, Give Street and Number, 1507 Fairmount St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH October 22nd 1886

AGE 22 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Leitz

FULL NAME OF FATHER Otto Wolz

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Theresa Heininger

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Otto Wolz

(Address) 1507 Fairmount St

Filed 1/9 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 8th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 30th 1908 to January 8th 1909

that I last saw her alive on January 7th 1909

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis (DURATION) 20 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) S. O. Loner M. D.

Address 1504 E Eager St

Date January 8th 1909

Place of Burial Lodge Cemetery

Date Jan. 11 1909

Undertaker Henry Storck & Son

Address 1301 E Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C18594 Registered No. B C18594

CERTIFICATE OF DEATH.

29

(Place of Death.) No. 823 Light St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Edward K Stembridge

{ Residence, if in Baltimore, Give Street and Number. } 823 Light

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 14th 1861

AGE 21 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Reginald Stembridge

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Mary L Keppie

BIRTHPLACE OF MOTHER (State or country) Scotland.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reginald Stembridge

(Address) 823 Light St.

Filed 1/9 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 8th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Jany 8 1909

that I last saw h[illegible] alive on July 7 1909,

and that death occurred, on the date stated above, at 8 P.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Cancer of Kidney

(DURATION) DAYS

(Signed) H. Lee Baughman M.D.

Address 1238 E Chase

Date Jany 8th 1909

Place of Burial Cedar Hill Cemetery

Date Mon Jan 11th 1909

Undertaker Leo McCully

Address 398 Hoff Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. C C18595

C18595

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 813 S. Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Muszanowski

Residence, Give Street and Number, 813 S. Ann st

Duration of Residence in Baltimore, 32 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: August Nicholski

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Son

(Informant) Michael Muszanowski

(Address) 813 S. Ann St

Filed 1/9 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 8th 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1908 to Jan 8th 1909

that I last saw her alive on Jan 6th 1909

and that death occurred, on the date stated above, at 8-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion (DURATION) ..... DAYS

Contributory (Primary) Carcinoma Stomach

(DURATION) ..... DAYS

(Signed) C. V. Kelly M. D.

Address .....

Date Jan 8th 1909

Place of Burial St. Stanislaus

Date ~~Monday~~ Jan 12 " 1909

Undertaker M. F. Sadowski.

Address 703 S. Ann St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C18596

C18596

Ward 5 Registered No. B

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 401 Short St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Johnson

{Residence, if in Baltimore, Give Street and Number.} 401 Short

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1856

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): maryland

FULL NAME OF FATHER: Wm Johnson

BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Johnson

(Address) 401 Short

Filed 1/19 1909 HARRY O. ANDREWS Registrar

HARRY O. ANDREWS.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 7th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1908 to Jany 7th 1909

that I last saw h-im alive on 6 1909,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Bronchial)

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. A. Sumner M.D.

Address 1400 Jefferson St

Date Jany 7th 1909

Place of Burial National

Date Jan 9th 1909

Undertaker Wm J G Jackson

Address 1421 Mulliken

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18597 WRITE PLAINLY WITH UNFADING INK.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C C18597

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Rear 1101 Ashland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Smith

Residence, Give Street and Number, Rear 1101 Ashland

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR B

DATE OF BIRTH 1

AGE 68 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Lewis Thomas

BIRTHPLACE OF FATHER (State or county) Annapolis Md

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) Annapolis Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Lowe

(Address) Rear 1101 Ashland ave

Filed 1/9 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 5 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11½ a M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Cullen M. D.

Address Coroner

Date 190

Place of Burial Laurel

Date Jan 9th 1909

Undertaker Wm E. Jackson

Address 1421 Walbrook Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C18598 Registered No. B C18598

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1321 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Edward Gibson

{Residence, if in Baltimore, Give Street and Number.} 1321 Woodyear St

Duration of Residence in Baltimore. 14 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 15 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Gibson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gibson

(Address) 1321 Woodyear

Filed 1/9 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 8 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 3 1909 to Jan 8 1909

that I last saw h~~im~~ alive on Jan 7 1908,

and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 5 DAYS

Contributory (Primary.) Rickets (DURATION) 1yr DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St

Date Jan. 8 1909

Place of Burial Mt Auburn

Date Jan 10 1909

Undertaker Wm J. Johnson

Address 611 Baker St

WM. J. C. DULANY CO., BALTIMORE.

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY

READ THE LAW PRINTED ON THE MARGIN. C18599 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th Registered No. C C18599

CERTIFICATE OF DEATH. 118

(Place of Death.) No. ~~1621 Wood St~~ University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Spriggs

Residence, Give Street and Number, 1421 W Lanvale St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR Black

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married.

BIRTHPLACE (State or county) Howard Co Md

FULL NAME OF FATHER Elex th

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Eak Ebert

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Ferguson

(Address) 1421 W Lanvale St

Filed 1/9 1909 HARRY O. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 5th 1909

I HEREBY CERTIFY, That I attended deceased from 12/11 1908 to 1/5 1909 that last saw h alive on 1/5 1909 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Septic Peritonitis

(DURATION) 25 DAYS

Contributory (Primary) Gangrenous Appendicitis (DURATION) 10 DAYS

(Signed) D. D. Hammond M. D.

Address University Hospital

Date Jan. 8th 1909

Place of Burial Mt Glen Cemetery

Date Jan 9 1909

Undertaker Geo H Hoopes

Address 609 Little Pacca St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C18600 **HEALTH DEPARTMENT, City of Baltimore.** C18600

Ward 17 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 576 Walnutt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alberta Grant

{ Residence, if in Baltimore, Give Street and Number. } 576 Walnutt St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Grant

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Josephine Roberts

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Josephine Grant

(Address) 576 Walnutt St

Filed Jany 9 1909 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Jan 8th 1909

that I last saw her alive on Jan 7th 1909,

and that death occurred, on the date stated above, at 12.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 11 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Samuel A Bain M.D.

Address 937 Madison Ave

Date Jan 8th 1909

Place of Burial Mt Olivet Cemetery

Date January 10th 1909

Undertaker Felix B Rose

Address 102 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18601

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward X X

Registered No. C C18601

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James W. Gupton.

Residence, Give Street and Number, Linsburg, N.C.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) .....

Filed Jany 9 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 8 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 14 1908 to Jan. 8 1909

that I last saw h in alive on Jan 8 1909

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs.

(DURATION) ..... DAYS

Contributory (Primary) Parenchymatous nephritis

(DURATION) ..... DAYS

(Signed) Wm Belmit M. D.

Address City Hospital

Date Jan. 8, 1909

Place of Burial Louisburg NC

Date Jany 10, 1909

Undertaker W. T. Cuthrell Jr

Address Embalmer Paris

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18602 W 1

HEALTH DEPARTMENT, City of Baltimore.

C18602

Ward 17 *Registered No.* **B** .....

CERTIFICATE OF DEATH.

125

(Place of Death.) *No.* 622 N. Luzerne St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie Summerville

{ Residence, if in Baltimore, Give Street and Number. } Arnolds a. a. Co. Md.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Black

DATE OF BIRTH: Jan. 8th 1909

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Arnolds a. a. Co. Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. A. Solomon

(Address) Wagig Med & 30 decond St

Filed ..... 190 .....

Registrar

Jany 9-1909 HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 8th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 8th 1909 to Jan 8th 1909 that I last saw h[illegible] alive on Jan. 8th 1909, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock. Following Hemorrhage

(DURATION) ..... DAYS

Contributory (Primary.) Pregnancy, complicated by ruptured uterus (DURATION) 6 DAYS

(Signed) Frank S. Lynn M.D.

Address Municipal Hospital

Date Jan. 9, 1909. 190

Place of Burial Arnolds Md

Date Jany 9 190 9

Undertaker Geo. E. Hooper

Address 609 Little Rock St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18603

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. C C18603

CERTIFICATE OF DEATH.

91

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rud. Blue

Residence, Give Street and Number, 624½ N Bond St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, — months, ... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Howard Co Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr J Albert Link

(Address) Shenandoah Junction W Va

Filed Jany 9 1909 HARRY C. INDRAMS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 9 1909

that I last saw h alive on Jan 9 1909

and that death occurred, on the date stated above, at 1.40 M.

CAUSE OF DEATH (Secondary or Immediate,) Renal Exhaustion

..... (DURATION) 9 DAYS

Contributory (Primary) Bronchitis o

Renal Senility — (DURATION) — DAYS

(Signed) J W Byrd M. D.

Address University Hospital

Date Jan 9 1909

Place of Burial Shenandoah Junction W Va.

Date January 9 1909

Undertaker Joseph B Cook

Address 1003 N Bolton St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18604

HEALTH DEPARTMENT, City of Baltimore.

C18604

Ward 5 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 304 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Snyder

{Residence, if in Baltimore, Give Street and Number.} 304 N. Exeter St.

Duration of Residence in Baltimore. Weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ____ years, ____ months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Meyer Snyder

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fannie Caplan

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Meyer Snyder

(Address) 304 N Exeter St

Filed Jany 9 1909 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 13. 8. 1909

I HEREBY CERTIFY, That I attended deceased from 13. 8. 1909 to 13. 8. 1909 that I last saw h[er] alive on 13. 8. 1909, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis,

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) DAYS

(Signed) S. C. Katzoff M.D.

Address 116 A's Gilt St.

Date 13. 9. 1909

Place of Burial Hebrew Rosedale

Date Jan 10 1909

Undertaker Max Levin

Address 1626 Mc Elderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C18605 Registered No. C18605

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 Carrollton ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary J. Todd

Residence, Give Street and Number, 907 Carrollton ave

Duration of Residence in Baltimore, 14 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Nov 10th 1838

AGE 70 years, 1 months, 30 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Ohio

FULL NAME OF FATHER James Todd.

BIRTHPLACE OF FATHER (State or county) Penna

MAIDEN NAME OF MOTHER Mary Mc. Gonty

BIRTHPLACE OF MOTHER (State or county) Penna

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celora E. Albright

(Address) 907 Carrollton ave

Filed 1/10" 1908 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany 9th 1909

I HEREBY CERTIFY, That I attended deceased from 190 to Jany 9 1909

that I last saw her alive on Jany 8 1909

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate, ~~Bronchitis~~ & Heart failure

(DURATION) 4 DAYS

Contributory (Primary) Nephritis & General Dropsy (DURATION) 2 years

(Signed) C C Davis M. D.

Address 923 N Carrollton ave

Date Jany 9th 1909

Place of Burial Lancaster, Pa.

Date Jan 10th 1909

Undertaker G. F. Walker

Address 723 W Lafayette ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C18606

Ward 21 C18606 Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 W Barre St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Edna E. Wellmann

{Residence, if in Baltimore, Give Street and Number.} 611 W Barre St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 2nd 1908

AGE: ..... years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles E W Wellmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Edna M Donnell

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E W. Wellmann

(Address) 611 W. Barre St.

Filed 1/10 1909

HARRY C. ANDRAWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 9th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 9 1909

that I last saw her alive on Jan 8 1909

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate

Prolonged Labor

(DURATION) 1 DA

Contributory (Primary.)

(DURATION) DA

(Signed) E. Schumpha M.

Address 517 Lodge

Date Jan 9 1909

Place of Burial Baltimore Cemetery

Date Jan 10 1909

Undertaker James Lioman & Son

Address 75 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18607

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C C18607
1764

CERTIFICATE OF DEATH.

(Place of Death.) No. 1329 S. Charles St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Francis Cuddy

Residence, Give Street and Number, 1329 S Charles St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR White

DATE OF BIRTH June 8 1908

AGE ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER John F Cuddy

BIRTHPLACE OF FATHER (State or county) Balto City

MAIDEN NAME OF MOTHER Martha Bailey

BIRTHPLACE OF MOTHER (State or county) Phila Pa

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J F Cuddy

(Address) 1329 S. Charles

Filed Jan 10 1909

Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 9 1909

I HEREBY CERTIFY, That I attended deceased from June 8 1909 to June 9 1909

that I last saw him alive on June 9 1909

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Coma

Cerebral Hemorrhage due to Pulmonic Pneumonia

about 9 days (DURATION)

Contributory (Primary) Pelvic Cellulitis

(DURATION) DAYS

(Signed) Harry Gans M. D.

Address 904 Cathedral

Date June 9 1909

Place of Burial Cathedral Cemetery

Date January 10 1909

Undertaker H. G. & M. L. Talbert

Address 42 E. West St.

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THE BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B C18608

CERTIFICATE OF DEATH.

134

(Place of Death.) No. 57 Seneca St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles C Bowerox

{Residence, if in Baltimore, Give Street and Number.} 57 Seneca St

Duration of Residence in Baltimore. 67 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 26 1824

AGE: 84 years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: David Bowerox

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Mahler

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Bowerox

(Address) 323 Roland Ave

Filed June 10 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from ~~June 1908~~ Jan 8 1909 to Jan 9th 1909

that I last saw him alive on Jan 8th 1909,

and that death occurred, on the date stated above, at 12 30 M.

I. CAUSE OF DEATH (Secondary or Immediate)

Senile Condition of Myocardia & Senile Bronchorrhea.

(DURATION) 70 DAYS

Contributory (Primary) Senile Dementia.

of two Year (DURATION) ~~Date~~

(Signed) H. J Reilly M.D.

Address 3 ~~89~~ Roland Ave

Date January 10 1909

Place of Burial New Cathedral

Date Jan 11 1909

Undertaker A S Marshall

Address ~~5~~ 5539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. B C18609

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 236 Roland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Shipley

{ Residence, if in Baltimore, Give Street and Number. } 236 Roland Ave

Duration of Residence in Baltimore. 17 Jan

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 9 1885

AGE 33 years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Owen Shipley

BIRTHPLACE OF FATHER (State or country) Howard Co

MAIDEN NAME OF MOTHER Hannah France

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Shipley

(Address) 236 Roland Ave

Filed June 9 1909 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1909

I HEREBY CERTIFY, That I attended deceased from Jany 4 1909 to Jany 8 1909 that I last saw him alive on Jany 8 1909, and that death occurred, on the date stated above, at 730 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Undeveloped (DURATION) DAYS

Contributory (Primary.)

Pneumonia (DURATION) 12 DAYS

(Signed) [illegible] M.D.

Address 765 3rd Ave

Date June 9 1909

Place of Burial St Marys, N.

Date Jan 10 1909

Undertaker R S Wardell

Address 2539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3rd

Registered No. B C18610

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 1615 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Abraham Goldstein

{ Residence, if in Baltimore, Give Street and Number. } 1615 E. Pratt St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 1st 1828

AGE: 59 years, ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germy

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Goldstein

(Address) 1615 E Pratt St

Filed Jan 12 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 8th 1909 to Jan 9th 1909 that I last saw him alive on Jan. 9th 1909, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

(DURATION) 11 hrs ~~DAYS~~

Con'ributory (Primary.) Aorta Contracta

(DURATION) 20 hrs ~~DAYS~~

(Signed) A. F. Rice M.D.

Address 212 S. Bond St.

Date Jan. 9th 1909

Place of Burial Hebrew Friendship

Date Jan 10th 1909

Undertaker H and Sonnheim

Address 92 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

3

120

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18611

City of Baltimore, (No. 923 E. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elias H. Goodman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isbert Goodman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Matilda Evans

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Goodman

(Address) 923 E Lombard St

Filed Jan 10 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 9th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 20th 1908 to Jany 9th 1909 that I last saw him alive on Jany 9th 1909, and that death occurred, on the date stated above, at 10.05 P. M. The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis

2½ years (DURATION) ..... DAYS

Contributory Uraemia

(DURATION) 2 DAYS

(Signed) Louis P. Hamburger M. D.

Jany 10th 1909 (Address) 1207 Eutaw Place

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore	Jan 11 1909
UNDERTAKER	ADDRESS
Hart & Goodman	918 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAD THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANE...

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

Registered No. C 118612

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1728 N. Payson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Lewis.

Residence, Give Street and Number, 1728 N. Payson

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ✓ 1

AGE: 87 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Weaver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma L. Foss

(Address) 1728 N. Payson

Filed Jan 10 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 8th January 1909

I HEREBY CERTIFY, That I attended deceased from Xmas 1909 to 8th Jany 1909

that I last saw her alive on 8th Jany 1909

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Septic asphyxia

Paralysis. left side

(DURATION) ½ DAYS

Contributory (Primary) Arteriosclerosis

gradual (DURATION) , DAYS

(Signed) Wm J Townsend M. D.

Address 20 Mt Vernon Place

Date 9th Jany 1909

Place of Burial Loudon Park

Date Jan 10/1909 1909

Undertaker Wm Cook

Address 502 E. Fayette

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Section 2.

HEAD THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C C18613

CERTIFICATE OF DEATH.

(Place of Death.) No. 456 E Cross. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Prichett

Residence, Give Street and Number, 456 W Cross.

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White.

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: John W Moran

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard H. Prichett.

(Address) 456. E. Cross. —

Filed

Jan 10 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 9 1909

I HEREBY CERTIFY, That I attended deceased from Nov 1908 to Jany 9 1909

that I last saw her alive on Jany 8 1909

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Phthisis

(DURATION) DAYS

Contributory (Primary) about 3 mos

(DURATION) DAYS

(Signed) W. S. Smith M. D.

Address 520 Hanover St

Date January 9 1909

Place of Burial Best Gate a.a. Co Md

Date Jan 11 1909

Undertaker Wm Cook

Address 502 E Monument

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) and the cause and date of death of the person deceased.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C18614 — Registered No. B C18614

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Paul M Leland (McClelland)

{Residence, if in Baltimore, Give Street and Number.} 725 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto [redacted]

FULL NAME OF FATHER: Geo McLelland

BIRTHPLACE OF FATHER (State or country): N Y

MAIDEN NAME OF MOTHER: Susan McClelland

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Decorator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 N. Fremont

Filed Jan 10 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan - 6 1908

I HEREBY CERTIFY, That I attended deceased from Jan 6 1908 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral hemmorhage

due to fall down steps. Accident

(DURATION) 20 Min DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Jan - 9 1909

Place of Burial Loudon Park

Date Jan 10th 1909

Undertaker John J Field

Address 1200 N. Fremont

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WILL FILL OUT THIS FORM WITH EXCEPTION OF PART E

HEAD THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMA...

HEALTH DEPARTMENT, City of Baltimore.

Ward ...

Registered No. C 018013

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 Chesapeak St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abel Rasenski

Residence, Give Street and Number, 1005 Chesapeak St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single.

BIRTHPLACE (State or county): Baltimore.

FULL NAME OF FATHER: Stanislaus Rasenski

BIRTHPLACE OF FATHER (State or county): Austria

MAIDEN NAME OF MOTHER: Eva Slowik.

BIRTHPLACE OF MOTHER (State or county): Austria

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Rasenski.

(Address) 1005 Chesapeake St.

Filed Jan 10 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h... alive on — 190

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Thomas Sadler Coroner M. D.

Address 320 N Gaune St.

Date ... 190

Place of Burial St Stanislaus ✓

Date JAN 10 1909 190

Undertaker M F. Sadowski.

Address 703 S. Ann St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward D C18616 Registered No. B C18616

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1522 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel McCarthy

{Residence, if in Baltimore, Give Street and Number.} 1522 Canton Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 52 years, 7 months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Mass.

FULL NAME OF FATHER Danl McCarthy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. B. Hedden

(Address) 1522 Canton Ave

Filed Jany 9 1909 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9" 1909

I HEREBY CERTIFY, That I attended deceased from Jany 3 1909 to Jany 9 1909 that I last saw h in alive on Jany 9 1909, and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 6 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Howard C. Silver M.D.

Address 191 W Baltimore

Date Jany 9" 1909

Place of Burial Mt. Carmel

Date Jan 11" 1909

Undertaker Wendell Dippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18

C18617

Registered No. B C18617

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 856 W. Baltimore St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie M Haig

{ Residence, if in Baltimore, Give Street and Number. } 856 W. Baltimore St.

Duration of Residence in Baltimore. 16 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: White

DATE OF BIRTH: Jan 4 1879

AGE: 30 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Switzerland Europe

FULL NAME OF FATHER: Hermann Meier.

BIRTHPLACE OF FATHER (State or country): Switzerland

MAIDEN NAME OF MOTHER: Anna M Moeschner.

BIRTHPLACE OF MOTHER (State or country): Germany Europe

OCCUPATION OF DECEASED: Home-work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G Haig

(Address) 856 W Baltimore St

Filed 1/10 1909

HARRY C. ARDREY
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 9 1908

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Jan 8 1909

that I last saw h-- alive on Jan 7 1909,

and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
(Exhaustion)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H E Houck M.D.

Address 1929 W North Ave

Date Jan 9- 1909

Place of Burial Holy Redeemer

Date Jan 11 1909

Undertaker Wm J Schilling

Address 9 & S Robert Town Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C18618 — C18618 — Registered No. **B** .....

CERTIFICATE OF DEATH. 45

(Place of Death.) No. 330 E. Howard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah M. Ashton

{ Residence, if in Baltimore, Give Street and Number. } 330 E. Howard St

Duration of Residence in Baltimore. 48 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Not Known 1
AGE	about 65 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Peter Smith
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Clarke
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo S Ashton

(Address) 330 E Howard St

Filed 1/10 1909 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from July 1908 to Jan 9 1909 that I last saw h[er] alive on Jan 8 1909, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Carcinosis

secondary to Cancer of

Genital Org & Orbit

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. O'Donovan M.D.

Address 10 E. Read St

Date Jan 10 1909

Place of Burial Cathedral

Date Jan 11 1909

Undertaker Wm J Schillin

Address 9 & Poplar

WM. J. C. DULANY CO., BALTIMORE.

20

C18619 C18619

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 38, Garrison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Staff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 19th (Day) 1847 (Year)

AGE: 61 years, 8 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Eduard Schultz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Meister

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) August Staff

(Address) 38 Garrison Ave

Filed 1/10 1909

HARRY C. ANDRUS, Registrar

PERMIT GIVEN

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 8th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 3d 1909 to Jan 8 1909 that I last saw h[e] alive on Jan 7th 1909, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Heart Failure

(DURATION) DAYS

Contributory Senile Gangrene

Exhaustion from (DURATION) DAYS

(Signed) Norman F Hill M. D.

Jan 9th 1909 (Address) 600 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Jan 10 1909
UNDERTAKER	ADDRESS
Mrs Geo. F. Pauls	2001 Frederick Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. 018620

Ward 1 018620 *Registered No.* **B**

CERTIFICATE OF DEATH.

120

(Place of Death.) *No.* 1819 Harford ave *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. DeGoey

{ Residence, if in Baltimore, Give Street and Number. } No. 1819 Harford ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 30 1838

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bucks Md.

FULL NAME OF FATHER: Chas. C. DeGoey

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary A. Bluie

BIRTHPLACE OF MOTHER (State or country): Del.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. B. DeGoey

(Address) 2040 Linden Ave

Filed 1/10 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8, 1909

I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1908 to Jan 8, 1909 that I last saw him alive on Jan 8, 1909, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 3 DAYS

Contributory (Primary.) Bright's Disease

Several months (DURATION) DAYS

(Signed) Alla Elwell M.D.

Address 1724 Harford ave

Date January 9 1909

Place of Burial Green Mount.

Date Jany. 11 1909

Undertaker Edw. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C18621

Ward 7X

C18621 *Registered No. B*

CERTIFICATE OF DEATH.

64

(Place of Death.) *No.* Johns Hopkins Hospital *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lavon Nelson Taylor

{ Residence, if in Baltimore, Give Street and Number. } Carrollton Ave. Balto Co. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	— years, — months, 27 days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Oscar N Taylor
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	[illegible]
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oscar N. Taylor

(Address) Carrollton Ave. Md.

Filed 1/10 1909 HARRY C. KNUCK, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 19th 1908 to Jan 10th 1909 that I last saw h[illegible] alive on Jan 10th 1909, and that death occurred, on the date stated above, at 2.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date January 10th 1909

Place of Burial Carroll Co. Carrollton Cem. Md.

Date Jan 12 1909

Undertaker Albert C Fiddler

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. C18622 WRITE PLAINLY WITH [illegible] THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C C18622

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1610 Carlton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kalkowski

Residence, Give Street and Number, 1610 Carlton Ave.

Duration of Residence in Baltimore, 30 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: W.

DATE OF BIRTH: March 1856

AGE: 52 years, 9 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Joseph Kalkowski

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Clara —

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Kalkowski

(Address) 1610 Carlton Ave

Filed 1/10 1909 HARRY G. ARLKARD, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 8th 1909

I HEREBY CERTIFY, That I attended deceased from November 1908 to January 1909 that I last saw him alive on Jan. 8 1909 and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

General Debility

(DURATION) 60 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. Schumacher M. D.

Address 1618 Madison Ave

Date Jan. 9, 1909

Place of Burial St. Mary's Cem.

Date Jan. 11th 1909

Undertaker Undertaker Dryden & Son

Address 37 S. Arlington Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C18623 C18623

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2700, St Paul St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabel Ellinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 54 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Pollard

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary A. Butler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emanuel Ellinger

(Address) 1720 N. Charles St.

Filed Jany 10 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 8th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 2 1909 to Jan 8 1909 that I last saw her alive on Jan 7 1909, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Acute Lobar Pneumonia

(DURATION) 7 days

Contributory Cardiac failure

(DURATION) DAYS

(Signed) Wachter W White M. D.

Jan 8 1909 (Address) 1501 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Greenmount — DATE OF BURIAL: 1-10 1909

UNDERTAKER: Crowley Bros — ADDRESS: 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C18624

HEALTH DEPARTMENT, City of Baltimore.

C18624

Ward 11 *Registered No. B* 154

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1036 N Eutaw St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David J. Hutchinson

{Residence, if in Baltimore, Give Street and Number.} 1036 N Eutaw St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	White
DATE OF BIRTH	Feb 8th 1833
AGE	76 years, 11 months, 0 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Abraham Hutchinson
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Elizabeth Leakens
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adelaide Dulaney

(Address) 1036 N Eutaw St

Filed Jany 10 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Jan 8th 1909

that I last saw h[im] alive on Jan 8th 1909

and that death occurred, on the date stated above, at 11.50 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas L. Masterman M.D.

Address 1357 Fulton Ave

Date Jan 9th 1909

Place of Burial New Windsor Md

Date Jan 11 1909

Undertaker W Maurice Routson

Address 230 N Greene St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C18625 **HEALTH DEPARTMENT, City of Baltimore.** C18625

Ward 14 *Registered No. B* 45

CERTIFICATE OF DEATH.

Place of Death.) *No.* Johns Hopkins Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathan S. Gibson

{ *Residence, if in Baltimore, Give Street and Number.* } Ivivona, S. C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	60 years, — months, — days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	South Carolina
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. S. Gibson

(Address) Florence S. C.

Filed Jany 10 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1908 to Jan 10th 1909 that I last saw h im alive on Jan 10th 1909, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver

Duration Jaundice

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. T. Vaughan M.D.

Address Johns Hopkins Hospital

Date January 10th 1909

Place of Burial Florence S. C.

Date Jan 11th 1909

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C18626 Registered No. C 18626

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. 120

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Schreck (Shreck) (Shreck)

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address).....

Filed 1/11 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 10, 1909.

I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1908 to Jan. 10, 1909.

that I last saw h er alive on Jan 10, 1909.

and that death occurred, on the date stated above, at 11 50 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Bright's Disease.

(DURATION) ..... DAYS

(Signed) H. N. Esher M. D.

Address Bay View Hospital

Date Jan. 10, 1909.

Place of Burial Loudon Park Cem

Date Jan 13/909 1909

Undertaker Woodcock

Address 502 E Madison

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

C18627

Registered No. C C18627

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1814 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Walter Smith

Residence, Give Street and Number, 1814 N. Spring

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Nathaniel Smith

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Georgana Warner

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgana Smith

(Address) 1814 N Spring St

Filed 1/11 1909

HARRY O. ANDRAWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3½ P M.

CAUSE OF DEATH (Secondary or Immediate,)

Fracture of Skull

from fall down

stairs (DURATION) DAYS

Contributory (Primary) Accidental

(DURATION) DAYS

(Signed) Luigi Carnuba M. D.

Address Corner N and

Date Jan 10 09 190

Place of Burial Laurel

Date Jan 11 '09. 190

Undertaker Walter Deal

Address 912 N. Washington Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C18628 Registered No. B C18628

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 125 E. Hamilton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Anderson

{ Residence, if in Baltimore, Give Street and Number. } 125 E Hamilton St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colard
DATE OF BIRTH	1
AGE	46 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Colza Salar Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [signature]

(Address) 125 Hamilton st

Filed 1/11 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1909 to Jan 9th 1909

that I last saw h[im] alive on Jan 8 1909

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Mitral insufficiency and general oedema

(DURATION) about 30 DAYS

Contributory (Primary.) Probably Rheumatic endocarditis (DURATION) DAYS

(Signed) Chas J Keller M.D.

Address 222 W Monument St

Date Jan 10th 1909

Place of Burial Laurel Cemetery

Date Jan 11. 1909

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C18629 Registered No. C C18629

CERTIFICATE OF DEATH.

45

(Place of Death.) No. 431 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Kelly

Residence, Give Street and Number, 431 N. Durham St

Duration of Residence in Baltimore, 15 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kelly

(Address) 431 N Durham

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 8 1909

I HEREBY CERTIFY, That I attended deceased from Dec 6 1908 to Jan 8 1909

that I last saw h alive on Jan 8 1909

and that death occurred, on the date stated above, at 11 30 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pelvic Carcinoma

Several months (DURATION) DAYS

(Signed) Wallace A Wade M. D.

Address 1101 N. Broadway

Date Jany 9 1909

Place of Burial Woodberry Cemetery

Date Jan 11. 1909

Undertaker R. F. Elliott

Address 506 Reynolds Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH [illegible] THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C18630 Registered No. C C18630 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 603 Aisquith St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Scott

Residence, Give Street and Number, 603 Aisquith St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1838

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Scott

(Address) 603 Aisquith St

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 9, 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1908 to Jan 8 1909 that I last saw h alive on Jan 8 1909 and that death occurred, on the date stated above, at 11:30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) O. E. Lilly M. D.

Address 1009 Cumberland St

Date January 9, 1909

Place of Burial Laurel

Date Jan 11. 1909

Undertaker R St Elliott

Address 506 Rogers Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C18631 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 Registered No. C C18631

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. 27 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary V. Sparks

Residence, Give Street and Number, 1008 Russell Terrace

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR C

DATE OF BIRTH — 1

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Ind.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) BAY VIEW ASYLUM.

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 8 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 8 1909

that I last saw h alive on Jan 8 1909

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate,)

E. Pneumonia

(DURATION) DAYS

Contributory (Primary) Influenza (DURATION) DAYS

(Signed) M. D.

Address Bay View Hosp

Date Jan 9 1909

Place of Burial Sacred Heart

Date January 11" 1909

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

C18632 Registered No. B C18632

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 314 N Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Snyder

{ Residence, if in Baltimore, Give Street and Number. } do 304 N Exeter St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Meyer Snyder

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Lapkan

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Snyder

(Address) 314 N Exeter St

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Jan 9 1909 to Jan 11 1909

that I last saw h..... alive on Jan 10 1909,

and that death occurred, on the date stated above, at 2 .....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

..... (DURATION) 3 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J Valentine M.D.

Address 16 W Fayette

Date Jan 11 1909

Place of Burial Hebrew Rosedale Cemetery

Date Jan 11 1909

Undertaker Max Levinson

Address 620 N Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — Registered No. B C18633

C18633

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 3301, E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Dawson

{Residence, if in Baltimore, Give Street and Number.} 3001, E. Monument St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	white

DATE OF BIRTH: 1

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 1/11 1909 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9 — 1909

I HEREBY CERTIFY, That I attended deceased from January 3 1909 to January 8 1909 that I last saw her alive on January 8 1909, and that death occurred, on the date stated above, at 3.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Enteritis

(DURATION) 10 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date January — 9 — 1909

Place of Burial Holy Cross

Date Jan 12 1909

Undertaker Wm J Schaffer

Address 8, S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 1/2 — C18634 — Registered No. B C18634

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1029 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmine Buchbenberger

{Residence, if in Baltimore, Give Street and Number.} 1029 N Dallas St.

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: W

DATE OF BIRTH: March 1 1828

AGE: 80 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Conrad Weikl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elise Singer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friedrich Buchbenberger

(Address) 1029 N Dallas St.

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9 1909

I HEREBY CERTIFY, That I attended deceased from Dec 15 1909 to Jan 9 1909

that I last saw h[illegible] alive on Jan 9 1909

and that death occurred, on the date stated above, at 4 30

I. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Stomach

(DURATION) DAYS

Con'ributory (Primary) Cystic Colloid

(DURATION) DAYS

(Signed) [signature] M.D.

1419 Eager St Balto 190

Address

Date Jan 10th 1909

Place of Burial Immanuels Cemetery

Date Jan 12 1909

Undertaker Louis Heemann

Address 925 E Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C18635 — Registered No. B C18635

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 607 Windermere ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbra A. McCollough

{ Residence, if in Baltimore, Give Street and Number. } 607 Windermere ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	January 14th 1834
AGE	74 years, 11 months, 26 days
~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~	Widow
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John Minnick
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Fredericka Eichenbrodt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary D. McCollough

(Address) 607 Windermere ave

Filed 1/11 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10th 1909

I HEREBY CERTIFY, That I attended deceased from Nov 1— 1908 to Jan 10 1909

that I last saw h[illegible] alive on Jan 10 1909,

and that death occurred, on the date stated above, at 10.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis, Chronic interstitial Nephritis - uraemia

Urea nausea (DURATION) DAYS

Contributory (Primary.) Interstitial Nephritis — Severe (DURATION) DAYS

(Signed) Irving Miller MD M.D.

Address 108 E. North ave

Date Jan 11-09 1909

Place of Burial Baltimore Cemetery

Date Jan 12th 1909

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C18636 Registered No. B C18636

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mike Natale

{ Residence, if in Baltimore, Give Street and Number. } 405 - 4th Street Canton

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~HARRY O. ANDREWS.~~ PERMIT CLERK.

(Address)

Filed 1/11 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 8" 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 7" 1909 to Jan 8" 1909

that I last saw ~~him~~ alive on Jan 8" 1909

and that death occurred, on the date stated above, at 12 ~~P~~ M. CAUSE OF DEATH (Secondary or Immediate

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Gotch M.D.

Address Johns Hopkins Hospital

Date Jan 9" 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 9 1909 190

Undertaker Commissioner Health,

Address FOR ANATOMICAL PURPOS

Prof. Wm. E. WOODALL

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward W

C18637

Registered No. C C18637

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Ellis

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male.

COLOR: Black

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/11 1909 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Dec 29 1908
about

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Comp. Fractured Skull,

(Struck by train.) (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. P. Riley, Coroner M. D.

Address 1639 Broadway

Date Jan 8 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 9 1909 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address

Remarks City to bury.
Body at Morgue

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C18638 Registered No. C C18638 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 41 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Riddlemoser

Residence, Give Street and Number, 41 S. Stricker St.

Duration of Residence in Baltimore, Life-time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1840

AGE: 69 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~. Widow

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER J. N. Snyder

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Warner

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Home Mk't

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. M. Riddlemoser

(Address) 5150 Dillon ave.

Filed 1/11 1909 HARRY O. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 9 1909

I HEREBY CERTIFY, That I attended deceased from 190 to Jan 9 1909

that I last saw her alive on January 8 1909

and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of the Stomach and Abdominal Organs

(DURATION) 1 ~~year~~

Contributory (Primary)

Asthenia Senilis (DURATION) 1 year ~~DAYS~~

(Signed) Julius Friedman M. D.

Address 1013 N. Charles St

Date January 10 1909

Place of Burial Cathedral Cemetery

Date Jan 12 1909

Undertaker John F. Gowan

Address 901 E. Collins Ave

Remarks

G. Friedmann 1013 N. Charles St. bet. 10 & 11 a.m.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C18639

15

120

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18639

City of Baltimore, (No. 1517 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis Wilton Phipps

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 1 (Day) 1879 (Year)

AGE: 29 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Prince Geo. Co. Md.

FULL NAME OF FATHER: Lewis Phipps

BIRTHPLACE OF FATHER (State or country): A. A. Co. Md.

MAIDEN NAME OF MOTHER: Fannie C. Meade

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie C. Phipps

(Address) 1517 N. Carey St.

Filed 1/11 1909

HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 8th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1908 to Jan. 8th 1909 that I last saw him alive on Jan. 8th 1909, and that death occurred, on the date stated above, at 4 0'c P. M. The CAUSE OF DEATH was as follows:

Bright's Disease with Cardiac hypertrophy (DURATION) 6 wks.

Contributory Uraemia and Uraemic Coma (DURATION) 6 DAYS

(Signed) Wm. E. Miller M. D.

Jan. 9th 1909 (Address) 22 39 Penna. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jany. 11 1909

UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C18640 Registered No. B C18640

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1705 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Evelyn Rebbel

{ Residence, if in Baltimore, Give Street and Number. } 1705 E. Federal st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 29th 1908

AGE: ..... years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm L Rebbel

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Daisy Hamill

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Rebbel

(Address) 1705 E. Federal

Filed 1/12 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 10 1909 that I last saw her alive on Jan 10 1909, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cellulitis

(DURATION) 5 DAYS

Contributory (Primary.) Gastro-entro-colitis

(DURATION) 5 DAYS

(Signed) A M Macdonald M.D.

Address 1540 N Broadway

Date Jan 10 1909

Place of Burial Baltimore Cemetery

Date Jan 12th 1909

Undertaker J Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C18641

C18641

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2427 Belmont Ave. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Estherlucy Parker

Residence, Give Street and Number, 2427 Belmont Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single.

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Wooden Parker.

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Martha Williams

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wooden Parker.

(Address) 2427 Belmont

Filed 1/11 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) 4 DAYS

(Signed) Gertrude Lutteman M. D.

Address 1000 N. Chas St

Date Jan 11/ 1909

Place of Burial Mt. Auburn Cemetery

Date Jan 14 1909

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

C18642

Ward 11

Registered No. C 18642

C18642

132

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 ft. Mary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Hopkins

Residence, Give Street and Number, 417 ft Mary St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Col

DATE OF BIRTH 1

AGE 16 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Isaac Hopkins

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Eliz. Mahammett

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Hopkins

(Address) 417 ft Mary St.

Filed 1/11 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 10, 1909.

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1908 to Jan. 10, 1909.

that I last saw h alive on Jan. 10, 1909.

and that death occurred, on the date stated above, at 12 P M. CAUSE OF DEATH (Secondary or Immediate,)

Septicaemia (DURATION) 3 wks Days

Contributory (Primary) Ruptured tub pregnancy (DURATION) 7 wks Days

(Signed) W. Edw. Magruder M. D.

Address 922 Madison Ave.

Date Jan 10, 1909

Place of Burial Laurel Cemetery

Date January 13th 1909

Undertaker Felix B. Pyle

Address 1022 Mulberry st

Remarks

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THE BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and the cause and date of death*** of the person deceased.

READ THE LAW PRINTED ON THE MARGIN.

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

C18643

Registered No. C C18643

159

CERTIFICATE OF DEATH.

(Place of Death.) No. Park Heights Ave & 1st. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurice Shipley

Residence, Give Street and Number, Park Heights Ave & 1st St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: June 17 1869

AGE: 38 years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Francis M Shipley

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Emily V Hooper

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Travelling Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel B Shipley

(Address) Park Heights & Thos

Filed 1/11 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Shock

died instantly (DURATION) ..... DAYS

Contributory (Primary) Suicide by pistol shot in brain (DURATION) ..... DAYS

(Signed) Silas Bracken M. D.

Address 700 N. Laf. Ave (Corner)

Date Jan 10 1909

Place of Burial Green Mount Cem

Date Jan 12 1909

Undertaker W. P. Rutherford & Son

Address Eutaw & Pratt

Remarks .....

.....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

C18644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18644

City of Baltimore, (No. 1507 Light St., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Albert Rathell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec. 27th 1861 (Month) (Day) (Year)
AGE	47 years, — months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Joseph Rathell
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary E. Hodges
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Ship Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Rathell

(Address) 1507 Light St.

Filed 1/11 1909

HARRY C. ANDREAS, Registrar

PERRY CLARK

WM. C. BYLAND CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9th 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 9 1909 that I last saw him alive on Jan 8" 1909, and that death occurred, on the date stated above, at 8.20 a. m. The CAUSE OF DEATH was as follows:

Septicopyaemia re-
Gall-D (Cholecystitis)
Jaun D (Fatal)

(DURATION) 9 DAYS

Contributory Multilobular Hepatic Abscess (DURATION) 3 DAYS

(Signed) Wm P. McDonald M. D.

Jan 9" 1909 (Address) 1305 Linden Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan. 12th 1909
UNDERTAKER	ADDRESS
H. Sander & Sons	1711 Canton Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C18645 — *Registered No. B* C18645

CERTIFICATE OF DEATH.

27

(Place of Death.) *No.* ~~[illegible]~~ 244 N. Rose *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Bamm

{ *Residence, if in Baltimore, Give Street and Number.* } 244 N. Rose St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 14th 1874
AGE	34 years, 9 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Gottlieb Bamm
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Martha A. Collins
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Stovemolder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma L. Bamm

(Address) 244 N. Rose St.

Filed 1/11 1909

HARRY O. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9, 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1909 to Jan 7, 1909 that I last saw him alive on Dec 2, 1908 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Tuberculosis causing Respiratory failure.

(DURATION) 7 DAYS

Contributory (Primary.) ———

(DURATION) ——— DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore

Date January 10, 1909

Place of Burial Mt. Carmel Cem

Date Jany 11 1909

Undertaker A. Landenberger's Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C18646 Registered No. B C18646

28

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 N 10th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Leslie Thompson

{ Residence, if in Baltimore, Give Street and Number. } 1626 10th street

Duration of Residence in Baltimore. 4 2/3 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 20, 1904

AGE 4 years, 8 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore, Maryland

FULL NAME OF FATHER George W. Thompson

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Mamie V. Middlekauff

BIRTHPLACE OF MOTHER (State or country) Hagerstown, Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Thompson

(Address) 1626 10 St

Filed 1/11 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 9, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1908 to Jan 9 1909 that I last saw him alive on Jan 9 1909, and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) 20 DAYS

Contributory (Primary.) Asthenia

(DURATION) 7 DAYS

(Signed) Nathan Winslow M.D.

Address 3112 W. North Ave

Date January 10, 1909

Place of Burial Druid Ridge

Date Jan 12 1909

Undertaker Josiah Dyson

Address 1008 W North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18647

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C18647

City of Baltimore, (No. 1721, W. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Grafton F. Crawford

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Aug. (Month) 15 (Day) 1908 (Year)

AGE: ..... years, 4 months, 25 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 1721 W. Lanvale St

FULL NAME OF FATHER: Alfred Crawford

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Marie Eimer

BIRTHPLACE OF MOTHER (State or country): Washington D.C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Grafton F Crawford

(Address) 1721 Lanvale

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 10 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1909 to Jan 10 1909 that I last saw h. ~~was~~ alive on Jan 10 1909, and that death occurred, on the date stated above, at 1 00 P. M. The CAUSE OF DEATH was as follows:

Heart failure

(DURATION), ½ DAYS

Contributory Pneumonia

(DURATION) 6 DAYS

(Signed) Claude Terrell John M. D.

1/10 1909 (Address) 16 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem't

DATE OF BURIAL: Jan 1 1909

UNDERTAKER: Josiah Sefer

ADDRESS: 1600 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C18648 Registered No. B C18648

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 2134 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida E. Paine Giardina

{Residence, if in Baltimore, Give Street and Number.} 2134 S. Charles st

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan. 1851

AGE: 50 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Dont Know

FULL NAME OF FATHER: do not know

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa M. Archibald

(Address) 2134 S. Charles st

1/11 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 8 1909

I HEREBY CERTIFY, That I attended deceased from 1 yr ago 190 to Jan 8 190 9

that I last saw her alive on Jan 8 190 9

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 1 yr DAYS

Contributory (Primary) Uraemic Coma

(DURATION) 2 DAYS

(Signed) E. D. Ellis M.D.

Address 615 Light st

Date January 11 1909

Place of Burial Loudon park

Date Jan 11th 1909

Undertaker Josi Hunteleiter

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C18649 Registered No. B C18649

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 12 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Wright

{Residence, if in Baltimore, Give Street and Number.} 12 S. Regester St

Duration of Residence in Baltimore. 21 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. C

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Garey

Address 12 S Regisda St-

Filed 1/11 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Jan 7 1909 that I last saw h[im] alive on Jan 7th 1909, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma

(DURATION) - DAYS

(Signed) J. E. Livingston M.D.

Address 2006 Druid Hill Ave

Date Jan 9 1909

Place of Burial Asbury

Date Jan 11th 1909

Undertaker Wm J. G. Jackson

Address 142 Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C18650 *Registered No. B* C18650

CERTIFICATE OF DEATH.

92

(Place of Death.) *No.* 1200 Mosher St *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie B. Martin

{Residence, if in Baltimore, Give Street and Number.} 1200 Mosher St

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	May 23 1875
AGE	33 years, 7 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. City
FULL NAME OF FATHER	Wm L Kelley
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	M A Foard
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	Music

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M A Kelly

(Address) 1200 Mosher St

Filed 1/11 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9th 1909.

I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1908 to Jan 8th 1909 that I last saw her alive on Jan 8 1909 and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 20 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Chas H. Jenkins M.D.

Address 1100 W Lafayette Ave

Date Balto Jan 9 1909.

Place of Burial Woodlawn

Date Jan 11 1909

Undertaker A J Marshall

Address 2539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C18651 Registered No. B C18651

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Church Home & Infirmary W St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Laura Wason

{Residence, if in Baltimore, Give Street and Number.} 208 W. Franklin St.

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: — — — 1822

AGE: 87 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Wm Holliday

(Address) Church Home & Inf.

Filed 1/11 1909 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1909 to Jan 11, 1909 that I last saw her alive on Jan. 11, 1909 and that death occurred, on the date stated above, at 6.40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs.

(DURATION) 18 hrs. DAYS.

Contributory (Primary.) Chronic Interstitial Nephritis (DURATION) Unknown DAYS.

(Signed) Wm Holliday M.D.

Address Church Home & Infirmary

Date January 11th, 1909.

Place of Burial Mechanicsville Md

Date Jan 12th 1909

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18652 Registered No. C C18652

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Josephs Germain Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Esenden

Residence, Give Street and Number, 1001 Stirling St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Theodore Esenden

BIRTHPLACE OF FATHER (State or county) Not known

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Brick Layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Graf

(Address) 1001 Stirling St

Filed 1/11 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 8 1909

I HEREBY CERTIFY, That I attended deceased from Dec 19 1908 to Jan 8 1909 that I last saw h alive on Jan 8 1909 and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Unresolved

Lobar Pneumonia (DURATION) DAYS

(Signed) H. E. Wilkinson M. D.

Address St Josephs Hospital

Date Jan 8th 1909

Place of Burial Germania Cemetery

Date Jan. 12 1909

Undertaker Henry Stockham

Address 1301 E Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — Registered No. B C18653

C18653

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr Frederick F Athmann

{Residence, if in Baltimore, Give Street and Number.} 1714 Crystal Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 2 1880
AGE	28 years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Henry Athmann
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Elizabeth Ruberg.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Salesmans

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Athmann

(Address) 1714 Crystal Ave.

Filed 1/11 1909 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Jan 9th 1909 that I last saw h im alive on Jan 9th 1909, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 11 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 40 DAYS

(Signed) Henry B Kolb M.D.

Address Franklin Square Hospital

Date Jan 9th 1909

Place of Burial Holy Redeemer Cem

Date Jan 13 1909

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

READ THE LAW PRINTED ON THE MARGIN. THIS IS ... RECORD

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18654 Registered No. C 18654

C18654

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugenia Willmott

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR W.

DATE OF BIRTH 1903

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address) .....

Filed 1/11 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 9 1909

that I last saw h... alive on 1909

and that death occurred, on the date stated above, at 8 ..... M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date Jan 10 1909

Place of Burial Our Cathedral

Date Jan 11 1909

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18655 Registered No. C C18655

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1 Emmanuel Inf Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emerencia Gray

Residence, Give Street and Number, St Vincents Inf Asy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX f | COLOR W

DATE OF BIRTH 1908

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Vincents Inf Asy

(Address) .....

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 9 1909

that I last saw her alive on Jan 9 1909

and that death occurred, on the date stated above, at 9

M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M. D.

Address .....

Date Jan 10 1909

Place of Burial Mount Auburn

Date Jan 11 1909

Undertaker Wooster & Sons

Address 600 E Lanvale st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN. THIS I

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18656 Registered No. C C18656

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Ind. Asy

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Guiseppi Jones

Residence, Give Street and Number, St Vincents Ind Asy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1908

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address) .....

Filed 1/11 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 9 1909 to Jan 9 1909 that I last saw h.. alive on ..... 1909 and that death occurred, on the date stated above, at 5 P M. CAUSE OF DEATH (Secondary or Immediate,) Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date Jan 10 1909

Place of Burial New Cathedral

Date Jan 11 1909

Undertaker Martin Fahey & Sons

Address 600 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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658

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Immediate,)

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DAYS

M. D.

190

190 9

HEAD THE LAW P

HEALTH D

Ward 14

C1865

CERTIFICATE

(Place of Death.) No. St. Vincents Infant

Full Name John Evans

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore,

C1865

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR Mulatto

DATE OF BIRTH 1908

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy

(Address)

Filed 1/11 1909

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 9 1909

that I last saw h... alive on Jan 9 1909

and that death occurred, on the date stated above, at 11 M.

CAUSE OF DEATH (Secondary or Immediate,)

Hydrocephalus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date Jan 10 1909

Place of Burial Green Mount

Date Jan 11 1909

Undertaker Martin Kaby & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C18658

C18658

CERTIFICATE OF DEATH.

71

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 1422 Mulliken St.

Full Name Emma Green

Residence, Give Street and Number, 1422 Mulliken

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR B

DATE OF BIRTH 1

AGE 4 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Henry Green

BIRTHPLACE OF FATHER (State or county) Balto Md

MAIDEN NAME OF MOTHER Emma Williams

BIRTHPLACE OF MOTHER (State or county) Stale Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Green

(Address) 1422 Mulliken St

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from \ 190 to \ 190

that I last saw h \ alive on \ 190

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsion

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Cunliffe M. D.

Address 1 N Mad

Date Jan 10, 09 190

Place of Burial Laurel Cemetary

Date Jan 12 1909

Undertaker John W Henderson

Address 31 N Caroline st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C18659 Registered No. B C18659

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 920 Valley St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Micheal Gibson

{Residence, if in Baltimore, Give Street and Number.} 920 Valley St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sep 29 1908

AGE: 2 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: X X

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John P. Gibson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary A Hagerty

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: X X X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P Gibson

(Address) 920 Valley St

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 8 1909

that I last saw h.im alive on Jan 8 1909, 3.30

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Same (DURATION) 5 DAYS

(Signed) O.H. Decker M.D.

Address 928 E North Ave

Date Jan 10 1909

Place of Burial New Cathredal

Date Jan 12 1909

Undertaker Robt F Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 40 C18660 Registered No. C C18660

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 2011 Keyser St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Magie Elizabeth Ruder

Residence, Give Street and Number, 2011 Keyser St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Female
COLOR	White
DATE OF BIRTH	January 2 1909
AGE	years, months, 8 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Md
FULL NAME OF FATHER	William Ruder
BIRTHPLACE OF FATHER (State or county)	Maryland
MAIDEN NAME OF MOTHER	Katie Ryson
BIRTHPLACE OF MOTHER (State or county)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ryson

(Address) 2011 Keyser St

Filed 1/11 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan 9 1909 to Jan 10 1909 that I last saw h[illegible] alive on [illegible] 1909 and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate,)

Infantile Convulsions

(DURATION) 2 DAYS

Contributory (Primary) Cardiac Insufficiency (DURATION) DAYS

(Signed) W Ryan M. D.

Address 2008 Oakland Ave

Date Jan 11 1909

Place of Burial Schwartze Cemetery

Date January 11 1909

Undertaker Robt F Turner

Address 1442 N Broadway

Remarks

Ward ..... C18661 Registered No. B C18661

C18661

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 808 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ida M. Guyton

{Residence, if in Baltimore, Give Street and Number.} 808 Madison Ave

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W.
DATE OF BIRTH	Jan 6. 1853
AGE	56 years, ... months, 4 days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Ambrose Kemplin
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Marie Rauschmaier
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Kempster

(Address) 1027 Milton Ave North

Filed 1/11 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10 1909

I HEREBY CERTIFY, That I attended deceased from Sept 8 1908 to Jan 10 1909 that I last saw her alive on Jan 10 1909, and that death occurred, on the date stated above, at 10 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) 4 mos ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Gudwood M.D.

Address 102 E 25th St

Date January 11 1909

Place of Burial Loudon Park Cem.

Date Jan 12 1909

Undertaker Chas. E. Franck

Address 946 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C18662 Registered No. B C18662

CERTIFICATE OF DEATH.

27

(Place of Death.) No. St. Elizabeths Home. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Cornelia Wheeler.

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home.

Duration of Residence in Baltimore. 7 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Aug. 27, 1905

AGE: 3 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Washington, D.C.

FULL NAME OF FATHER: Thomas H. Wheeler

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Cornelia Wheeler

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Jones

(Address) 822-E L. Street S.W.

Filed 1/11 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 10, 1909

I HEREBY CERTIFY, That I attended deceased from May 30 1908 to Jan. 9 1909 that I last saw h[illegible] alive on Jan. 9, 1909, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Pulmonary Tuberculosis — (DURATION) 10 mos.

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St.

Date Jan. 11, 1908

Place of Burial Washington D.C.

Date Jan 11th 1909

Undertaker Alex Hendley

Address 518 N. Bridle St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C18663

Registered No. B C18663

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 ½ W Ref St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Burkowska

{ Residence, if in Baltimore, Give Street and Number. } 214 S Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Jan 10 1909

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Gregg Burkowska

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rose Burkowski

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Gregorz Burkowski.

(Address) 214 S. Wolfe St

Filed 1/11 1909

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan 10 1909 to Jan 10 1909

that I last saw h— alive on Jan 10 1909

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Brenton Bronchitis

(DURATION) 1 hr DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. Sheintag M.D.

Address 161 Brady

Date Jan 10 1909

Place of Burial Holy Rosary

Date January 12th 1909

Undertaker W. F. Sadowski

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 Rosa Bunkowski Registered No. C 18664 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 S Wolf St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rosa Bunkowski

Residence, Give Street and Number, 214 S Wolf

Duration of Residence in Baltimore, 21 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: Adam Mosz.

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Annie Muranska.

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: Lower Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gregory Bunkowski

(Address) 214 S. Wolfe St.

Filed 1/11 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 10 1909

that I last saw her alive on Jan 10 1909

and that death occurred, on the date stated above, at 6.35 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. H. Kantner M. D.

Address 16 S Broadway

Date Jan 10 1909

Place of Burial Holy Rosary.

Date Tuesday Jan 12. 1909

Undertaker W. J. Zadrowski.

Address 703 S. Ann St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18665

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

C18665

Registered No. B.....

City of Baltimore, (No. 1253 Light St.; 2d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter M. Donat

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1848 (Year)

AGE: 61 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): France

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Dont know

OCCUPATION OF DECEASED: Engineer Stationary

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Howard Donat

(Address) 1253 Light St.

Filed 1/11 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 9 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 27 1908 to Jan. 9 1909 that I last saw h in alive on Jan. 9 1909, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Bright Disease

10 months (DURATION) DAYS

Contributory Cardiac dilation

4 weeks (DURATION) DAYS

(Signed) S. T. Mowris, M. D.

Jan. 9 1909 (Address) 721 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Eden Hill Cem.	Jan. 12 1909
UNDERTAKER	ADDRESS
M. Daylett Sons	17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward D

C18666

Registered No. C 18666

C18666

85

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Archimide Lappolloni

Residence, Give Street and Number, 1429 Bank St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: Dec 29- 1908

AGE: — years, — months, 15 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Vincenti Lappolloni

BIRTHPLACE OF FATHER (State or county): Italy

MAIDEN NAME OF MOTHER: Flavia Amedoni

BIRTHPLACE OF MOTHER (State or county): Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincenti Lappolloni

(Address) 1429 Bank St.

Filed 1/11" 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Dec-29 1908 to Jan 11 1909

that I last saw him alive on Jan 11 1909

and that death occurred, on the date stated above, at 5.30 P M. CAUSE OF DEATH (Secondary or Immediate,)

Spontaneous Hemorhage from Umbilicus & mucous membrane 5 months (DURATION) 5 DAYS

Contributory (Primary) Icterus (DURATION) 12 DAYS

(Signed) M. Künstler M. D.

Address 846 East Pratt St.

Date Jan 11 1909

Place of Burial St. Vincent Cem

Date Jan. 12th 1909

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

Remarks

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15

Registered No. B C18667

C18667

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1814 – 3rd St. Walbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma V. Smith

{Residence; if in Baltimore, Give Street and Number.} 1814 Third St.

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 5" 1871

AGE: 37 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo F. Gempp

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Catherine Dassinger

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. P. Smith

(Address) 1814 – Third St.

Filed 1/12 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 10" 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1" 1909 to January 10" 1909 that I last saw her alive on January 9" 1909, and that death occurred, on the date stated above, at 1030 A.M. CAUSE OF DEATH (Secondary or Immediate.)

General Asthenia

(DURATION) 5 DAYS

Contributory (Primary.) Phthisis Fibroid

(DURATION) 5 DAYS

(Signed) H. E. Gepp M.D.

Address 3050 N. North ave

Date January 11" 1909

Place of Burial Western

Date January 12 1909

Undertaker Robert S Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C18668 Registered No. B C18668

CERTIFICATE OF DEATH.

151

(Place of Death.) No. ~~538~~ Elbon Lane 538 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha Mills

{ Residence, if in Baltimore, Give Street and Number. } ~~538~~ 538 Elbon Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 2 | COLOR C

DATE OF BIRTH 1

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Herbert Mills

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Louise Clark

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 1/12 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 8 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Traumatism

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. Martin Conner M.D.

Address .....

Date Jan 10 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 11 1909 190....

Undertaker .....

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

8

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18669 Registered No. B C18669

CERTIFICATE OF DEATH.

(Place of Death.) No. 2723 Huntington Ave St. 9r

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy May Simms

{Residence, if in Baltimore, Give Street and Number.} 2723 Huntington Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 22nd 1908

AGE: ..... years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: J. James Simms

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lillie R. Corbett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Simms

(Address) 2723 Huntington Ave

Filed 1/12 1909

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1909 to Jan. 11 1909 that I last saw her alive on Jan 11 1909, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Indigestion (DURATION) 7 DAYS

(Signed) L. A. Richardson M.D.

Address 717 W. 25th St.

Date January 11th 1909

Place of Burial Providence Cemetery above Towson

Date Jan 13/909 1909

Undertaker Wm Cook

Address 607 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C18670

Registered No. C C18670

CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 Greenmount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry B Appleby

Residence, Give Street and Number, 1043 Greenmount Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W

DATE OF BIRTH July 9 1882

AGE 26 years, 6 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balt Md

FULL NAME OF FATHER Perry E Appleby

BIRTHPLACE OF FATHER (State or county) Howard Co, Md

MAIDEN NAME OF MOTHER Emma E Askin

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED Steam Fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Perry E Appleby

(Address) 1043 Greenmount Ave

Filed 1/12 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from ~~1900~~ to ~~1900~~

that I last saw h ~~alive~~ on ~~1900~~

and that death occurred, on the date stated above, at 2 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred L Quillin M. D.

Address Adress Md

Date Jan 11 09 1900

Place of Burial Loudon Park Cem

Date Jan 12 1909

Undertaker Jos B. Cook

Address 1003 W Balls St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C18671 Registered No. B C18671

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 W Biddle St- St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis L. Deaver.

{Residence, if in Baltimore, Give Street and Number.} 605 W. Biddle

Duration of Residence in Baltimore. Life-

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR C

DATE OF BIRTH Unknown for certain but think February. 1861

AGE 47 years, 11 months, about days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Smith N. Deaver.

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Ann Greatfield.

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Grocer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Agnes Roberts.

(Address) 642 Forest St-

Filed 1/12 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 10th 1909.

I HEREBY CERTIFY, That I attended deceased from Dec 4 1908 to Jan 10th 1909 that I last saw h- alive on Jan 10 1909, and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease

4 years Probable (DURATION) DAYS

Contributory (Primary.) Cardiac Failure (DURATION) 1 DAYS

(Signed) Alfred Whitehead M.D.

Address 1415 Eutaw Place.

Date January 12 1909

Place of Burial ~~Bonnie Brae~~ Cathedral Cemetery

Date Jan 13 1909

Undertaker John H. Owens & Son

Address 1222 Druid Park

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 618672 Registered No. 6 18672

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1907 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Sandler

{Residence, if in Baltimore, Give Street and Number.} 1907 Orleans St.

Duration of Residence in Baltimore. 38 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 8th 1841

AGE 67 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Sandler

(Address) 1907 Orleans St.

Filed 1/12 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 9 1909

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1909 to Jan. 9 1909

that I last saw h im alive on Jan 9 1909, 9.20

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 4 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Jan. 10 1908

Place of Burial Oak Lawn

Date 1/13/09 190

Undertaker J. Herwig Sons

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when attending the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7K

C18673 Registered No. C ~~18672~~

CERTIFICATE OF DEATH.

C18673

(Place of Death.) No. 908 William St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Thümling

Residence, Give Street and Number, 908 Williams St

Duration of Residence in Baltimore, 50 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH May 2 1825

AGE 83 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Schaefer daughter

(Address) 908 Williams St

Filed 1/12 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 9 1909

I HEREBY CERTIFY, That I attended deceased from January 7 1909 to January 9 1909

that I last saw her alive on January 9 1909

and that death occurred, on the date stated above, at 6.25 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Apnoea

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) 3 DAYS

(Signed) Otto Leuthardt M. D.

Address 1017 S. Charles St.

Date January 11 1909

Place of Burial Western Cem

Date Jan 12th 1909

Undertaker E. Schloman & Son

Address 1139 Hanover st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C18674 Registered No. B C18674

CERTIFICATE OF DEATH. 119

(Place of Death.) No. 933 Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Balthaser Walther

{Residence, if in Baltimore, Give Street and Number.} 933 Sharp St

Duration of Residence in Baltimore. 39 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 4th 1845

AGE: 63 years, 3 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam Walther

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda C Walther

(Address) 933 Sharp

Filed 1/12 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1908 to Jan 10 1909

that I last saw him alive on Jan 10th 1909

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Interstitial Nephritis

Acute Prostatis 1 Month (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Hausman M.D.

Address 831 Light St

Date Jan 11th 1909

Place of Burial Western Cem

Date Jan 13th 1909

Undertaker E. Schlosman & Son

Address 1039 Hanover st

W.M. J. C. DULANY CO., BALTIMORE.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward W

C18675 Registered No. B C18675

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Smith

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Aug. 18, 1908

AGE: ..... years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 1/12 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10, 1909

I HEREBY CERTIFY, That I attended deceased from Sept. 31 1908 to Jan. 9 1909 that I last saw him alive on Jan. 9 1909, and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus -

(DURATION) 4 Mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Carolina St.

Date Jan. 11, 1909

Place of Burial New Cathedral Cemy

Date Jan 12 1909

Undertaker Felix D Fox

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward V

C18676 Registered No. B C18676

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Field

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Dec. 9, 1908

AGE: ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mullaned

(Address) St Elizabeths Home

Filed 1/12 1909

HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10, 1908

I HEREBY CERTIFY, That I attended deceased from Dec. 12 1908 to Jan. 9 1909 that I last saw him alive on Jan. 9 1909, and that death occurred, on the date stated above, at 8 ...M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carolina St.

Date Jan. 11, 1909

Place of Burial New Cathedral Cem

Date January 12 1909

Undertaker Felix B Pye

Address 102 E Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C18677 Registered No. B C18677.

CERTIFICATE OF DEATH.

(Place of Death.) No. 3359 Beach Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. N. Mosedale

{ Residence, if in Baltimore, Give Street and Number. } 3359 Beach Ave

Duration of Residence in Baltimore? Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 22 1906

AGE: 2 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Wm. Mosedale

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Jenny Perry

BIRTHPLACE OF MOTHER (State or country): Wash. D.C.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Mosedale

(Address) 3359 Beach Ave

Filed 1/12 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 11 1909 that I last saw him alive on Jan 11 1909, and that death occurred, on the date stated above, at 12 noon.

I. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever.

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) V. Kelly M.D.

Address 3349 Roland Ave

Date Jan 11/1909 190

Place of Burial Washington D.C.

Date Jan 12 1909

Undertaker N.S. Marshall

Address 3539 Falls Road

12/2 0 6 Ck

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18678 Registered No. B .....

C18678

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 n Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vashti B. Norman

{Residence, if in Baltimore, Give Street and Number.} 720 n Monroe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 1840

AGE: 68 years, 7 months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Gorsuch

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter (Vashti)

(Address) 720 N. Monroe St

Filed 1/12 1909

HARRY O. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 - 10 - 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Jan 10 1909

that I last saw h~~er~~ alive on " " 1909

and that death occurred, on the date stated above, at 3:10 a m. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

Uremic Convulsion

(DURATION) 4 DAYS

Contributory (Primary.)

1 Year (DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 624 Franklin

Date 1 - 10 - 1909

Place of Burial Mt Olivet

Date Jan. 12-09

Undertaker E. W. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C18679 Registered No. C C18679

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Linahy

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 1/12 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from Dec 3 1908 to Jan 10 1909 that I last saw h — alive on Jan 10 1909 and that death occurred, on the date stated above, at 8 20 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy

(DURATION) — DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) — DAYS

(Signed) H. H. Baker M. D.

Address Bay View Asylum.

Date Jan 11 1909

Place of Burial Wash Co.

Date Jan 12 1909

Undertaker W. J. Dickneite Son

Address Linden & Paca

Remarks .....

...DEPARTMENT, City of Baltimore.

Ward 11

Registered No. B C18680

C18680

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Monteray Hawkins

{Residence, if in Baltimore, Give Street and Number.} Brooklyn, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Tickner

(Address) 425 W Camden St

Filed 1/12 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from Jan 11 1909 to Jan 11 1909 that I last saw him alive on Jan 11 1909, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary) Lobar Pneumonia.

(DURATION) — DAYS

(Signed) S H. Streett M.D.

Address Md Gen'l Hosp.

Date Jan 12 1909

Place of Burial Cedar Hill Cem

Date January 13 1909

Undertaker Wm J. Tickner & Son

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18681 Registered No. C C18681

CERTIFICATE OF DEATH.

(Place of Death.) No. 508½ Parrish St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Welcher

Residence, Give Street and Number, 508½ Parrish alley

Duration of Residence in Baltimore, 43 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Black

DATE OF BIRTH 1865

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER John Tabb

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Washerwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Welcher.

(Address) 508½ Parrish Alley

Filed 1/12 1909 HARRY O. ANDREWS Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11 - 1909

I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1909 to Jan 11 1909

that I last saw her alive on Jan 11 - 1909

and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Typhoid Fever

(DURATION) 21 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) M. L. Smith M. D.

Address 1628 N Lexington

Date Jan 12 - 09 1909

Place of Burial Mt Auburn Cemetery

Date January 14th 1909

Undertaker Felix B Fuse

Address 1026 Huberry st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C18682

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C18682

City of Baltimore, (No. 214 N. Lee St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Haslon

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) annie chester

(Address) 214 N Lee St

Filed 1/12 1909 HARRY O. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 10th 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1908 to Jan 9th 1909

that I last saw her alive on Jan 9th 1909,

and that death occurred, on the date stated above, at 10 15 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

14 (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

Jan 12th 1909 (Address) 1019 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn | DATE OF BURIAL: Jan. 12 1909

UNDERTAKER: John H. Fookwin | ADDRESS: 142 Whitelock St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 4

C18683 Registered No. B C18683

CERTIFICATE OF DEATH.

66

Place of Death.) No. 604 Jefferson St Waverly Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Primrose

{ Residence, if in Baltimore, Give Street and Number. } 604 Jefferson St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	white

DATE OF BIRTH: Jan 26- 1851

AGE: 57 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Townsend

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary F. Townsend

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katharine Forsythe

(Address) 604 Jefferson St

Filed 1/12 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from about 2 yrs 190- to 190-

that I last saw h alive on about 2 weeks ago, 190-,

and that death occurred, on the date stated above, at 3.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Jan 12- 1909

Place of Burial St. Mary's Hampden

Date Jan 14- 1909

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B C18684

City of Baltimore, (No. 2427 Barclay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie J Whitford

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	W
DATE OF BIRTH	May 21 1893 (Month) (Day) (Year)
AGE	14 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Jos W Whitford
BIRTHPLACE OF FATHER (State or country)	Balto Va
MAIDEN NAME OF MOTHER	Mary A Rossler
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos W Whitford

(Address) 2427 Barclay St

Filed 1/12 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Jan~~ Jany 11th 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 26th 1908 to January 11th 1909

that I last saw her alive on January 10th 1909,

and that death occurred, on the date stated above, at 12.25 PM. The CAUSE OF DEATH was as follows:

Heart disease, Mitral Stenosis with Dilatation. General Dropsy of Years

(DURATION) 46 DAYS

Contributory Acute Lobar Pneumonia Acute Articular Rheumatism (DURATION) 4 & 5 DAYS

(Signed) Geo W Barnes M. D.

Jan 12th 1909 (Address) 21 W 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan 13 1909
UNDERTAKER	ADDRESS
E A Friedfeld & Sons	2413

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18685

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B C18685

City of Baltimore, (No. 1043, W. Charles St—, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida May Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo. Fry

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hartman

(Address) 923 William St—

Filed 1/12 1909 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 10 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1908 to Jan 10 1909 that I last saw h[er] alive on Jan 8 1909, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 14 DAYS

Contributory Cancer of Stomach

(DURATION) 6 mos DAYS

(Signed) Jennie H. Bonne M. D.

Jan 10 1909 (Address) 1223 S Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 13th 1909
UNDERTAKER	ADDRESS
Jos. Stentzbeck	1315 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

C18686

61

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18686

City of Baltimore, (No. 1036 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Ruth.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	November 19th 1908 (Month) (Day) (Year)
AGE	years, 1 months, 22 days
SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~	
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Joseph L. Ruth
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Marie Schmolski
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. Ruth Uncle

(Address) 1036 Hanover St

Filed 1/12 1909

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10th 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 13th 1908 to Jan 10th 1909

that I last saw her alive on Jan 10th 1909,

and that death occurred, on the date stated above, at 10-20 P. M. The CAUSE OF DEATH was as follows:

Meningites

(DURATION) 27 DAYS

Contributory Hothema

(DURATION) 2 DAYS

(Signed) H. J. Carrick M. D.

Jan 12th 1909 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Jan 12 1909

UNDERTAKER Jos. Stuntebeck ADDRESS 1318 Light

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C C18687

C18687

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 61 Brick Hill. Int. Jenuss

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Richard H. Ash

Residence, Give Street and Number, 61 Brick Hill Hampden

Duration of Residence in Baltimore, 6 years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
male	white

DATE OF BIRTH Aug 12 1836

AGE 72 years, 4 months, 30 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER James R. Ash

BIRTHPLACE OF FATHER (State or county) Va.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Ash

(Address) 61 Brick Hill

Filed 1/12 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany. 10th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Jan 10th 1909

that I last saw him alive on Jan 8th 1909

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis. Exhaustion

7 weeks (DURATION) DAYS

Contributory (Primary) General Paresis

(Senile) (DURATION) Indefinite DAYS

(Signed) R. B. Norment M. D.

Address 3347 Chestnut Ave

Date Jan 11th 1909

Place of Burial St Marys Hampden

Date Jany 13 1909

Undertaker Wm E. Chenoweth Son

Address 917 3rd Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C C18688

CERTIFICATE OF DEATH.

(Place of Death.) No. 1230 Edward St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J Moore 93

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR col

DATE OF BIRTH 1

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Moore

(Address) 1230 Edward St

Filed 1/12 1908

HARRY C. ANDRAE Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11, 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1909 to Jan 11, 1909 that I last saw h alive on Jan 10, 1909, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Dilatation (DURATION) 1 DAYS

Contributory (Primary)

Pneumonia (DURATION) 4 DAYS

(Signed) S E Magruder M. D.

Address 922 Madison Ave

Date Jan 12, 1909

Place of Burial Samuel Mears

Date Jan 12. 1909

Undertaker R N Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18689 C18689

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

71

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 105 N Carlton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cornelius Gertrude Bourglon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: Jany 2nd (Month) (Day) 1909 (Year)

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas Bourglon

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Victoria Larkin

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: ~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/12 1909 HARRY C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany 10th (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 9th 1909 to Jany 9th 1909 that I last saw h[er] alive on Jany 9 1909 and that death occurred, on the date stated above, at 5 pm P.M. The CAUSE OF DEATH was as follows:

Convulsions

..... (DURATION) 1 DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) C W Barker M. D.

190 (Address) 1116 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Jan 12 1909
UNDERTAKER	ADDRESS
R S Elliott	506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 X

Registered No. C 18690

65

CERTIFICATE OF DEATH.

(Place of Death.) No. Sinai Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Glass

Residence, Give Street and Number, Pikesville Md

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Negro

DATE OF BIRTH 1

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Georgia

FULL NAME OF FATHER Albert Glass

BIRTHPLACE OF FATHER (State or county) Georgia

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or county) unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bowman

(Address) Pikesville Md

Filed 1/12 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Dec 27 1908 to Jan 11 1909

that I last saw him alive on Jan 11 1909

and that death occurred, on the date stated above, at 6 M.

CAUSE OF DEATH (Secondary or Immediate,) Cerebral softening, Middle Meningeal Thrombosis

(DURATION) 20 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) ..... DAYS

(Signed) J. B. Piggott M. D.

Address Sinai Hospital

Date Jan 11 1909

Place of Burial Union Church Pikesville

Date January 13 1909

Undertaker John J. Bowman

Address 901 Hollins St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

618691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2642 Loudon Ave., Int. of Haw & Minnie Montabergen, Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dear Born Deafmut

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: January (Month), 12 (Day), 1909 (Year).

AGE: ..... years, 1/2 hour. months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Montabergen

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Minnie Myers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. J. Montabergen

(Address) 2642 Loudon Ave.

Filed 1/12 1909

HARRY C. ANDREWS
Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 12 (Month), (Day), 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him alive on Jan 12, 1909, and that death occurred, on the date stated above, at 1.30 A. M. The CAUSE OF DEATH was as follows:

Premature Birth

Lived 1/2 hour (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John R. Abercrombie M. D.

1/12 1909 (Address) 827 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	Jan 13th 1909
UNDERTAKER	**ADDRESS**
Wm B Crothers	428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18692

CERTIFICATE OF DEATH.

(Place of Death.) No. 2014 - 13th St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. Motz

Residence, Give Street and Number, 2014 - 13th St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH December 24 1875

AGE 33 years, — months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Rudolph F. Motz

BIRTHPLACE OF FATHER (State or county) Germany.

MAIDEN NAME OF MOTHER Emelie E. Halbach

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Attorney at Law.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolph F. Motz

(Address) 628 N. Carrollton Ave

Filed 1/13 1909 HARRY C. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 11th 1909

I HEREBY CERTIFY, That I attended deceased from January 9 1909 to January 11 1909 that I last saw h[illegible] alive on Jan 10th 1909 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebro. Spinal Meningitis (Streptococcus)

(DURATION) 3 DAYS

Contributory (Primary) Complications of Pleurisy (Streptococcus) (DURATION) ? DAYS

(Signed) Henry R Barnes M. D.

Address 19 W Read's St

Date Jan 12 — 1909

Place of Burial Gr E Emp Co

Date Jany 13th 1909 190

Undertaker Hellen Sons & Son Co

Address 300 W Madison St

Remarks

B

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C 18693 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Spinster Georgia Clark

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX W.

COLOR W.

DATE OF BIRTH 1908

AGE ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address) .....

Filed 1/12 1909 HARRY C. ANDERSON PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 11 1909

that I last saw h[illegible] alive on " 11 1909

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick F Martin M. D.

Address .....

Date Jan 11 1909

Place of Burial New Cathedral

Date Jan 12 1909

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 18694

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf Asy St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edith Murry

Residence, Give Street and Number, St Vincents Inf Asy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W.

DATE OF BIRTH 1

AGE ..... years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or couuty)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy

(Address)

Filed 1/12 1909 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 10 1909

that I last saw her alive on 1909

and that death occurred, on the date stated above, at 6

8 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M. D.

Address

Date Jan 1 1909

Place of Burial Mt Auburn Cathedral

Date Jan 12 1909

Undertaker Martin Fahey & Sons

Address 609 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18695

Ward 4

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catherine Jones

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address) .....

Filed 1/12 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 9 1909

that I last saw her alive on 1909

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date Jan 12 1909

Place of Burial Greenmount Cemetery

Date Jan 12 1909

Undertaker Martin Eckhardt & Son

Address 410 Eutaw Place

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C18696 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Wallcott

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1904

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincs. Inf Asy

(Address) .....

Filed 1/12 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

Remarks .....

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 11 1909

that I last saw h.. alive on Jan 11 1909

and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J. Martin M. D.

Address .....

Date Jan 11 1909

Place of Burial Our Cathedral

Date Jan 12 1909

Undertaker Martin Fackler & Co

Address 606 Lafayette Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 01869 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inft Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Joseph Orndoff

Residence, Give Street and Number St. Vincents Inft Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	W

DATE OF BIRTH ..... 1 .....

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inft Asy.

(Address) .....

Filed 1/12 190 9 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 190 9

I HEREBY CERTIFY, That I attended deceased from Jan 190 9 to Jan 9 190 9

that I last saw him alive on " " 190 9

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M. D.

Address .....

Date Jan 11 190 9

Place of Burial Mt Calvary Cathedral

Date Jan 12 190 9

Undertaker Martin Feaby & Sons

Address 606 E Lafayette Ave

Remarks .....

THIS IS A PERMANENT RECORD.

C18698

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. C C18698

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1137 E. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sosha Kosnetzky

Residence, Give Street and Number, 1136 E. Lombard St

Duration of Residence in Baltimore, 6 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: white.

DATE OF BIRTH: — 1851

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: widowed

BIRTHPLACE (State or county): Russia

FULL NAME OF FATHER: Chone Brudkansky

BIRTHPLACE OF FATHER (State or county): Russia

MAIDEN NAME OF MOTHER: Sore Brudsky

BIRTHPLACE OF MOTHER (State or county): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Feinfold

(Address) 1136 E Lombard St

Filed 1/13 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 12 1909

I HEREBY CERTIFY, That I attended deceased from January 5th 1909 to January 10 1909

that I last saw her alive on January 10 1909

and that death occurred, on the date stated above, at 10 9 M. CAUSE OF DEATH (Secondary or Immediate,)

Dyspnoea

(DURATION) 4 DAYS

Contributory (Primary) Chronic Broncitis

(DURATION) 10 years ~~DAYS~~

(Signed) M. Hirschman M. D.

Address 900 E. Baltimore St.

Date January 12 1909

Place of Burial Hebrew Randall's Run

Date Jan 13, 1908

Undertaker Max Levinson

Address 1620 W. Eldorado St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18699 C18699

HEALTH DEPARTMENT, CITY OF BALTIMORE.

18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1742 E Baltimore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vera Smitzer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Girl

COLOR: White

DATE OF BIRTH: Dec (Month) 10 (Day) 1908 Year)

AGE: ..... years, 0 months, 33 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Israel Smitzer

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Epstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: S

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Naviasky

(Address) 9. N Broadway Place

Filed 1/13 1909

HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 12 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 12 1909

that I last saw her alive on Jan 12 1909,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Heart failure

Resulting from

Erysipelas

(DURATION) 5 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) C J Conroe M. D.

Jan 12 1909 (Address) 1740 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Boardale Cem	Jan 13, 1909
UNDERTAKER	ADDRESS
Mof Levine	1620 24th Ebay st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward 14 C18700 Registered No. B 67

CERTIFICATE OF DEATH.

(Place of Death.) No. 1837 Division St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Calvin Newport

{Residence, if in Baltimore, Give Street and Number.} 1837 Division St,

Duration of Residence in Baltimore. 25

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 8 1844

AGE 65 years, [illegible] months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Newport

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ann R Newport

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Newport

(Address) 1837 Division St,

Filed 1/13 1909 HARRY C. ANDRESS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Aug 12 1908 to Jan 11 1909 that I last saw h[illegible] alive on Jan 11 1909, and that death occurred, on the date stated above, at 6-10 P M. CAUSE OF DEATH (Secondary or Immediate)

General Paralysis
(Cyhaustion)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Hoeck M.D.

Address 1929 W Northern

Date Jan 11 1909

Place of Burial Loudon Park

Date Jan 13 1909

Undertaker E M Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

C18701

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C 18701

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1519 Mulliken St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Leroy Koday

Residence, Give Street and Number, 1519 Mulliken

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR White

DATE OF BIRTH 1

AGE 4 years, 4 months, X days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Ben Koday

BIRTHPLACE OF FATHER (State or county) New York

MAIDEN NAME OF MOTHER Katie Polinsky

BIRTHPLACE OF MOTHER (State or county) Hungaria

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Koday

(Address) 315 East St

Filed 1/13 1909

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 12 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 5½ a. M.

CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(Sudden)

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Fredk Guenther M. D.

Address Druid Hill Ave

Date Jan 12 — 09 1909

Place of Burial Asbury C

Date Jan 13 1909

Undertaker Wm J. G. Jackson

Address 421 Mulliken St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C18702

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C18702

City of Baltimore, (No. 109 W. Montgomery St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beatrice Perkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: black

DATE OF BIRTH: Oct (Month) 16 (Day) 1906 (Year)

AGE: 2 years, 2 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Thomas Perkins

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Branford

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Perkins

(Address) 109 W Montgomery st

Filed 1/13 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 11 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 9 1909 to Jany 11 1909 that I last saw h[er] alive on Jany 11 1909, and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 4 DAYS

Contributory

(DURATION) 4 DAYS

(Signed) H. A. Smith M. D.

Jany 12 1909 (Address) 520 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: MtAuburn Cd

DATE OF BURIAL: Jan 13 1909

UNDERTAKER: L. L. Brown

ADDRESS: 109 W Montg

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C18703 Registered No. B C18703

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 209 Perry St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas D. A. Grant.

{Residence, if in Baltimore, Give Street and Number.} 209 Perry St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col.

DATE OF BIRTH May 19 1908.

AGE 0 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER T. J. Grant.

BIRTHPLACE OF FATHER (State or country) Africa.

MAIDEN NAME OF MOTHER Sarah Player.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Muldrow M.D.

(Address) 602 S. Stapleton

Filed 1/13 1909 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1909.

I HEREBY CERTIFY, That I attended deceased from Jan 9 1909 to Jan 11 1909 that I last saw h.im alive on Jan 10 1909, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho (DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) DAYS

(Signed) C. Muldrow M.D.

Address 602 S. Stapleton

Date Jan 11 1909.

Place of Burial Mt Auburn ct

Date Jan 13th 1909

Undertaker L. L. Brown & Son

Address 108 W Montgomery

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 18704

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Thompson

Residence, Give Street and Number, —

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M	W.

DATE OF BIRTH 14 Jan 1836

AGE 72 years, - 11 months, - 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Elias Thompson

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Rose Jones

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) BAY VIEW ASYLUM.

Filed 1/13 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Jan 12 1909

that I last saw h— alive on Jan 12 1909

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Chronic

Bronchitis (DURATION) DAYS

(Signed) H. H. Baker M. D.

Address Bay View Asylum

Date Jan 12 1909

Place of Burial Baltimore Cemetery

Date Jan 14 1909

Undertaker M. Lee Miller

Address 164 W. Madison Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward W

C18705 Registered No. B C18705

CERTIFICATE OF DEATH.

152

(Place of Death.) No. 316 North Paca Street

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant ~~of~~ Geo B and Blanche ~~Evans~~

{Residence, if in Baltimore, Give Street and Number.} 316 North Paca Street

Duration of Residence in Baltimore. 4 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 12 1909

AGE: ..... years, ... months, 4 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): 316 N Paca Street

FULL NAME OF FATHER: Lorenzo B Evans

BIRTHPLACE OF FATHER (State or country): Greene Co Penna

MAIDEN NAME OF MOTHER: Blanche May Crook

BIRTHPLACE OF MOTHER (State or country): Baltimore Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W B Evans

(Address) 56 W Bdd & St

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1909

I HEREBY CERTIFY, That I attended deceased from June 12 1909 to June 12 1909 that I last saw him alive on June 12 1909, and that death occurred, on the date stated above, at 4.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Laceration

(DURATION) Hrs DAYS

Contributory (Primary) Prematur infant

(DURATION) Hrs DAYS

(Signed) Geo W B Evans M.D.

Address 56 West Bdd St

Date June 12 1909

Place of Burial Green Mount Cemetery

Date June 13 1909

Undertaker W Maurice Routson

Address Greene & Saratoga Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18706

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH. C18706

Registered No. B.....

City of Baltimore, (No. 525, N. Strieker St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leon Evan Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 11 — 1909 (Month) (Day) (Year)

AGE: 20 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Owen D. Jones

BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

MAIDEN NAME OF MOTHER: Mason

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Wood raiser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M Jones

(Address) Glenelg Md

Filed 1/13 1909

BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11 — 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 19 1908 to Jan 11 1909 that I last saw him alive on Jan 10 1909, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (?)
(T.B. underwent trouble)

.....(DURATION).....DAYS

Contributory Bronchial Neuralgia

.....(DURATION) 2 DAYS

(Signed) J. Hunt Smith M.D. ~~M.D.~~

JAN 14 1909 DR. J. HUNT SMITH

190 (Address) 101 N. FULTON AVENUE

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jany 13 1909

UNDERTAKER: E. M. Mitchell

ADDRESS: 1200 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. C C18707

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Weinrock

Residence, Give Street and Number. —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Lab -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Rehyes

(Address) BAY VIEW ASYLUM.

Filed 1/13 1909 HARRY C. ANDRAE, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from Dec 23 1908 to Jan 12 1909

that I last saw h in alive on Jan 12 1909

and that death occurred, on the date stated above, at 2 30 M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsia

Contributory (Primary) Hypostatic Pneumonia (DURATION) DAYS

(DURATION) DAYS

(Signed) H. N. Rehn M. D.

Address Bay View Hospital

Date Jan 12 1909

Place of Burial Sacred Heart

Date 1/13 1909

Undertaker Chas E. Evans

Address 118 W. North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B C18708

C18708

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 327 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael J. Byrnes

{ Residence, if in Baltimore, Give Street and Number. } 327 E. North Ave

Duration of Residence in Baltimore. Almt 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 878

AGE: 30 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: X

BIRTHPLACE OF MOTHER (State or country): X

OCCUPATION OF DECEASED: Show Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Conrades

(Address) 327 E. North Ave

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6 1909 to Jan 12 1909 that I last saw h[illegible] alive on Jan 11 1909, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Almt 1 Yr. (DURATION) DAYS

Contributory (Primary) Tuberculosis

Laryngitis (DURATION) X DAYS

(Signed) E. Clair Murray M.D.

Address 1221 W. Lafayette Ave

Date Jan 15 1909

Place of Burial St Peters

Date Jan 14 1909

Undertaker E. A. Hirdefelder

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

63

CERTIFICATE OF DEATH.

Registered No. B C18709

City of Baltimore, (No. 1123, N. Fulton Ave, St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah A. Durrace,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 12 1836 (Month) (Day) (Year)

AGE: 72 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Prince George. Co. Md

FULL NAME OF FATHER: Jesse Durrace.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Martha Beckett

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Demwood Barkers

(Address) 1123 N. Fulton Ave.

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 12 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 9 1908 to Jan. 11 1909 that I last saw h[er] alive on " " 1909, and that death occurred, on the date stated above, at 5 a. M. The CAUSE OF DEATH was as follows:

Paralysis Agitans

About 10 yrs (DURATION) DAYS

Contributory General weakness 5 wks (DURATION) DAYS

(Signed) Chas. C. Conser. M. D.

as 12 1909 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 15 1909
UNDERTAKER	ADDRESS
F. E. Hughes	17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C18710 Registered No. B C18710

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 N. Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mary Lease

{Residence, if in Baltimore, Give Street and Number.} 622 N Lombard St

Duration of Residence in Baltimore. 4 hours.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 5 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/13 1909 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from Jan 11 1909 to Jan 12 1909 that I last saw h-- alive on Jan 12 1909, and that death occurred, on the date stated above, at 4.00 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Prematurity

(DURATION) 5 hrs DAYS

Contributory (Primary.) Prematurity

(DURATION) DAYS

(Signed) Robt Ward M.D.

Address University Hospital

Date Jan 12 1909

Place of Burial JOHNS HOPKINS HOSPIT

Date JAN 12 1909 190

Undertaker Commissioner Health.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

9

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

Registered No. C 18711

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Feiga

Residence, Give Street and Number, 2911 McCulloh St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Black.

DATE OF BIRTH 1

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/13 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 11 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1908 to Jan. 11 1909

that I last saw h-- alive on Jan 11 1909

and that death occurred, on the date stated above, at 4.20 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis —
Peritonitis

(DURATION) 19 DAYS

Contributory (Primary) Tuberculosis

(DURATION) — DAYS

(Signed) W. R. Hampson M. D.

Address Johns Hopkins Hospital

Date Jan 12 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 12 1909 190

Undertaker Commissioner Health,
Per. Wm. E. WOODALL.

Address

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C18712 — Registered No. C 18712

CERTIFICATE OF DEATH.

(Place of Death.) No. Preston Pl & Cullington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecelia Ward

Residence, Give Street and Number, 1028 N Patterson Pk

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F — COLOR W

DATE OF BIRTH May 1 — 1904

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Wm T Ward

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Elizabeth Peake

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Ward Mother

(Address) 1028 N Patterson

Filed 1/13 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11 1909.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Fracture of Skull

Fell from bed of Lumber

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Joseph Camillo M. D.

Address Corner Md

Date Jan 12 09 190

Place of Burial New Cathedral

Date Jany 14 1909

Undertaker Gatt & Turner

Address 1447 N. Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death*** of the person deceased,

Ward 17 C18713 Registered No. B C18713

CERTIFICATE OF DEATH. 19

(Place of Death.) No. U S Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Taylor

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR Negro

DATE OF BIRTH — 1

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) West Indies

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B Graham

(Address) U S Marine Hospital

Filed 1/13 1909 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 11 1909

that I last saw him alive on Jan 11 1909

and that death occurred, on the date stated above, at 12.25 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Disease Heart,

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) W. P. Mackintosh M.D.

Address U.S. Marine Hospital Baltimore Md.

Date Jan 13 1908

Place of Burial Asbury Cemetery

Date Jan 13th 1909

Undertaker H. E. Hughes

Address 17 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18714 Registered No. B C18714

CERTIFICATE OF DEATH.

36

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Liles

{Residence, if in Baltimore, Give Street and Number.} 723 Sterling St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 3 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James H Liles

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Laura Walker

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Walker

(Address) 723 Sterling St

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 13th 1908 to Jan 12th 1909

that I last saw h live alive on Jan 12th 1909,

and that death occurred, on the date stated above, at 8:15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition Congenital

Syphilis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thelane M.D.

Address Johns Hopkins Hospital

Date January 12th 1909

Place of Burial Laurel

Date Jan 13. 1909

Undertaker R. S. Elliott

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C18715

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Gibson.

Residence, Give Street and Number, 1004 Druid Hill ave.

Duration of Residence in Baltimore, 44 Years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH 1

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Freind

(Address) 1004 Druid hill ave

Filed 1/13 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 10 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1909 to Jan. 10 1909

that I last saw him alive on Jan. 10 1909

and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) Aortic regurgitation (DURATION) DAYS

(Signed) Wm. J. Schmitz M. D.

Address City Hospital

Date Jan. 10 1909

Place of Burial National Cemetery

Date Jan 13 1909

Undertaker R. A. Elliott

Address 506 Rogers Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18716 Registered No. C 18716

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 422 N. Collington ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel F. Jno Kinley

Residence, Give Street and Number, 422 N. Collington ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH June 16th 1861

AGE 48 years, 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto. Ind.

FULL NAME OF FATHER Patrick Jno Kinley

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Carr

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Fireman in School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Julia Jno Kinley

(Address) 422 N. Collington ave

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to Jan 11 1909

that I last saw h in alive on Jan 10 1909

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary tuber-

Colosis (DURATION) 8 mo DAYS

(Signed) Chas F Bloom M. D.

Address 15 W 27 St Balto Md

Date Jan 11 1909

Place of Burial Cathedral Cemy

Date Jan 14th 1909

Undertaker Jno. J. Inoran

Address Bank & Anne Sts.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18717

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1703 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard LeRoy Bull.

Residence, Give Street and Number, 1703 Jackson St.

Duration of Residence in Baltimore, Twenty six days.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White.

DATE OF BIRTH: Dec. 17 1908.

AGE: ..... years, ... months, 26 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): 1703 Jackson St. Baltimore. Md.

FULL NAME OF FATHER: Brayton LeRoy Bull.

BIRTHPLACE OF FATHER (State or county): Chlo. Balto Co. Md.

MAIDEN NAME OF MOTHER: Jessie Madgedell Fowler.

BIRTHPLACE OF MOTHER (State or county): Crumpton, Kent Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brayton Leroy Bull

(Address) 1703 Jackson St.

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 12. 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1908 to Jan. 11 1909.

that I last saw h im alive on Jan. 11, 1909.

and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cranston.

(DURATION) ..... DAYS

Contributory (Primary) Congenital debility

(DURATION) 26 DAYS

(Signed) William T. Seabury. M. D.

Address 1523 Jackson St.

Date Jan. 12. 1909.

Place of Burial Union Cemetery near Crantons Kent Co. Md.

Date January 14th 1909

Undertaker Howard & Culley

Address 436 Montgomery St

Remarks History given of profound weakness at birth.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward [illegible] C18718 Registered No. B C18718

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 401 Pinkney Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Darraugh

{ Residence, if in Baltimore, Give Street and Number. } 401 Pinkney Place

Duration of Residence in Baltimore. 65 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 21st 1

AGE: 79 years, months, days

~~SINGLE~~, MARRIED, WIDOWER, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): N. J.

FULL NAME OF FATHER: John Darraugh

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James K. Kearn

(Address) 401 Pinkney Place

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 11th 1909

I HEREBY CERTIFY, That I attended deceased from About July 1, 1908 to Jan 11, 1909 that I last saw him alive on Jan 9, 1909, and that death occurred, on the date stated above, at 12.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Anemia + General Debility due to infirmities of age. (Arterio-Sclerosis)

General condition (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Elwell, M.D.

Address 1741 Hanover ave

Date Jan. 11, 1909

Place of Burial Loudon Park, Balto.

Date JAN 13 1909 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C18719

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

20

CERTIFICATE OF DEATH.

C18719

Registered No. B .....

City of Baltimore, (No. 1937, Mosher St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth T. Duke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Samuel G Duke

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret Goldsmith

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel G Duke

(Address) 1937 Mosher St

Filed 1/13 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 11th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Birth 1908 to Jany 11 1909

that I last saw her alive on Jany 11 1909,

and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Dyaemia

..... (DURATION) ..... DAYS

Contributory Asthenia

from birth (DURATION) ..... DAYS

(Signed) Simon MacLennan M. D.

Jany 12 1909 (Address) 110 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western | DATE OF BURIAL: Jan 13 1909

UNDERTAKER: Wm G Schillinger | ADDRESS: 1 Pratt

Ward ..... Registered No. B C18720

C18720

CERTIFICATE OF DEATH.

10

(Place of Death.) No. 426 East 23 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan D Harris

{Residence, if in Baltimore, Give Street and Number.} 426 East 23 St.

Duration of Residence in Baltimore. Eight months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Sept 2 1849

AGE 58 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John H Cook

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary A Sampson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eric J Harris

(Address) # 426 E 23rd Street

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 11 1909 that I last saw h-er alive on Jan 11 1909 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Endocarditis

(DURATION) 20 DAYS

Con'tributory (Primary.) La Grippe

(DURATION) 17 DAYS

(Signed) R Garland Winnell M.D.

Address 424 - East 23 St

Date Jan 12 1909.

Place of Burial Mt Auburn Cemetery

Date Jan 14th 1909

Undertaker Chas G Bailey

Address 1421 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...ENT, City of Baltimore.

Ward 6 C18721 Registered No. C C18721

CERTIFICATE OF DEATH.

138

(Place of Death.) No. 2300 E Fayette St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genevieve R Dixon

Residence, Give Street and Number, 2300 E Fayette St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 28 1884

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: George T Robinson

BIRTHPLACE OF FATHER (State or county): Pa.

MAIDEN NAME OF MOTHER: Mary E Devine

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredrick R Dixon Jr

(Address) 2300 E Fayette St

Filed 1/13 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 12th. 1909

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Jan 12 1909 that I last saw h.. alive on Jan 12 1909 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions & Toxemia

(DURATION) 7 hrs. ~~DAYS~~

Contributory (Primary) Eclampsia Puerperalis

and (DURATION) 2 wks DAYS

(Signed) H. G. Bytina M. D.

Address 2204 E Monument St

Date 1/12 1909

Place of Burial Greenmount Cem

Date Jan 13 1909

Undertaker Tom Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C18722 Registered No. B C18722

CERTIFICATE OF DEATH.

91

(Place of Death.) No. Home for the aged Little sisters of the Poore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Connor.

{Residence, if in Baltimore, Give Street and Number.} Preston and Valley Sts

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Irlande

FULL NAME OF FATHER: Michael Conner

BIRTHPLACE OF FATHER (State or country): Irlande

MAIDEN NAME OF MOTHER: Anne Cughes

BIRTHPLACE OF MOTHER (State or country): Irlande

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Cyrille

(Address) Preston and Valley Sts

Filed 1/13 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janry 12th 1909

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on Jany 8 1909,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

3 weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Balto Jany 12 1909

Place of Burial St Peters

Date Jan 13 — 1909

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 7

C18723

Registered No. C 18723

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 Grindall St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Johnson c

Residence, Give Street and Number, 724 Grindall St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH October 3. 1908

AGE — years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Robert Johnson c

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Eliza Dorsey c

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Johnson c (mother)

(Address) 724 Grindall ct

Filed 1/13 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 12 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4

o'clock M. CAUSE OF DEATH (Secondary or Immediate,)

Broncho pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm Reinhardt M. D.

Address Coroner

Date January 12 1909

Place of Burial Mt Auburn Cem.

Date Jan. 15 1909

Undertaker M. Doyle & Son

Address 17 E. Lee St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18724 Registered No. B C18724

CERTIFICATE OF DEATH.

93

(Place of Death.) No. New Church Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin L. Rodey

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton H Easton

(Address) Ellicott City

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12 1909 to Jan 13 1909

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick Martin M.D.

Coroner

Address

Date Jan 13 1909.

Place of Burial St Johns Cemetery Ellicott City

Date Jan 13 1909

Undertaker Mrs Annie Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18725 Registered No. B C18725

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 721 N Calvert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Davis G. Evans

{Residence, if in Baltimore, Give Street and Number.} 721 N Calvert St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ~~January 2~~ May 4th 1840 ~~1909~~

AGE: 68 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Evans

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maria Dilhelm

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Chemist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert F. Benton

(Address) 14 N. Carey St

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12th 1909

I HEREBY CERTIFY, That I attended deceased from ~~January 12~~ 1909 to January 12 1909 that I last saw h~~im~~ alive on January 12 1909, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cedema Lungs

Few Days (DURATION) — DAYS

Contributory (Primary) Organic heart

disease Chronic (DURATION) — DAYS

(Signed) Richard W Shuey M.D.

Address 104 E. Madison St

Date January 12th 1909

Place of Burial Greenmount Cemetery

Date January 14, 1909

Undertaker Henry W. Means & Son

Address 1805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18726

Registered No. B C18726

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2921 Walbrook ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evan L. Dorsey

{Residence, if in Baltimore, Give Street and Number.} 2921 Walbrook ave

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 17" 1839

AGE 69 years, 8 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jas B Dorsey

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Shipley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Paperhanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rebecca Dorsey

(Address) 2921 Walbrook

Filed 1/13 1909

HARRY C. ANDRAWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 12" 1909

I HEREBY CERTIFY, That I attended deceased from January 9 1909 to January 12 1909 that I last saw him alive on January 11 1909, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) W. E. Zepp M.D.

Address 3050 N. North ave

Date January 13" 1909.

Place of Burial Loudon Park

Date Jan 14 1909

Undertaker W. Turner & Sons

Address Conduit House

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

C18727 Registered No. B C18727

CERTIFICATE OF DEATH.

(Place of Death.) No. 1702 N. North Av St. 129

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Rau

{Residence, if in Baltimore, Give Street and Number.} 1703 N. North av. Balto

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Rau

(Address) 1703 N North Av

Filed 1/13 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 13 1909

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Jan. 13 1909

that I last saw h[illegible] alive on Jan. 12 1909

and that death occurred, on the date stated above, at 5 46 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary) Fibroid tumor of the uterus

(DURATION) DAYS

(Signed) Geo. L. Mather M.D.

Address 6 N. Broadway

Date Jany. 13 1909

Place of Burial Baltimore Cem

Date Jany 15th 1909

Undertaker Maund Bros

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B C18728

C18728

CERTIFICATE OF DEATH.

11 1

(Place of Death.) No. 613 Bantleon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Hugh

{ Residence, if in Baltimore, Give Street and Number. } 613 Bantleon

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Hugh

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) George Hugh

(Address) 613 Bantleon St

Filed 1/13 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 12th 1909

I HEREBY CERTIFY, That I attended deceased from January 1st 1909 to January 12th 1909

that I last saw him alive on January 12th 1909

and that death occurred, on the date stated above, at 7.45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Dropsy caused by Cirrhosis of Liver

about (DURATION) 30 DAYS

Contributory (Primary.) Syncope terminating life (DURATION) — DAYS

(Signed) Dr. Hedrick M.D.

Address 215 S. Wickham Ave

Date January 12th 1909

Place of Burial Western Cem.

Date Jan. 14. 1909

Undertaker Wm. Cook

Address 502 E. Northaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

150 L

CERTIFICATE OF DEATH. C 18729

Registered No. B.....

City of Baltimore, (No. St Luke Hospital ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis A Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 12 (Day) 1909 (Year)

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Sarah Gibson

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Smith

(Address) 1410 Mosher St

Filed 1/13 1909

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 12th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 12 1909 to Jany 12 1909 that I last saw her alive on Jany 12 1909, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Premature birth

(DURATION) ~~DAYS~~

Contributory Patent Foramen Ovale

(DURATION) DAYS

(Signed) Otto F. Guttmann M. D.

Jany 13 1909 (Address) 1304 W Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Schwartz

DATE OF BURIAL: Jan 12 1909

UNDERTAKER: Robt T Turner

ADDRESS: 1409 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

...HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 18730

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Janet Merritt

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR W.

DATE OF BIRTH —

AGE 49 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Daniel McGuinnan

BIRTHPLACE OF FATHER (State or county) Kent Co. Md.

MAIDEN NAME OF MOTHER Cleida Brannaman

BIRTHPLACE OF MOTHER (State or county) Balto. Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/13 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Dec 21 1908 to Jan 11 1909

that I last saw h alive on Jan 11 1909

and that death occurred, on the date stated above, at 7.30 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Broncho Pneumonia

(DURATION) DAYS

(Signed) W. W. Eaton M. D.

Address Bay View Hosp.

Date Jan 12 1909

Place of Burial Balto. Cemetery

Date Jan. 14. 1909

Undertaker M. Doyle & Son

Address 17 E. Lee St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B C18731

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Maryland Lunatic Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hymen Epstein

{Residence, if in Baltimore, Give Street and Number.} 701 Hanover st C18731

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Morris Epstein

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Yetta Theadora

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Epstein

(Address) 701 Hanover st

Filed 1/14 190 8 HARRY C. ANDRAWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1908

I HEREBY CERTIFY, That I attended deceased from the Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Burns

from stove.

accident (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Coroner

Address

Date Jan 13 190 9

Place of Burial Hebrew Washington Blvd

Date Jan 14 190

Undertaker May Levinson

Address 1620 McCulloh st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C18732 Registered No. B C18732

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 116 W North Ave St. Luke's Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Lucretia Hall

{Residence, if in Baltimore, Give Street and Number.} 2642 Boone st.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR C

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED m

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Edward Washington

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Martha Washington

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Washington

(Address) 12 Bell st

Filed 1/14 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janry 11 1909

I HEREBY CERTIFY, That I attended deceased from Janry 10 1909 to Janry 11 1909 that I last saw her alive on Janry 11 1909, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Septic Peritonitis

from Miscarriage (DURATION) 3 DAYS

Signed Edith Sultzen Dorsey M.D.

Address 1800 N. Chas St

Date Jan 12 1909

Place of Burial Laurel Cemetery

Date Jan 14 1909

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C18733 Registered No. B C18733

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 Hillen A St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Spinder

{Residence, if in Baltimore, Give Street and Number.} 826 Hillen Street

Duration of Residence in Baltimore. 52

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wante Sanar

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Savage

(Address) 826 Skillen St

Filed 1/14 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to Jan 11 1909

that I last saw h. alive on Jan 11 1908

and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

About Day's
(DURATION) DAYS

Con'ributory (Primary.) Atheroma
About 2 yrs
(DURATION) DAYS

(Signed) C. H. Fowler M.D.

Address 712 S. Broadway

Date Jan 12th 1909

Place of Burial Laurel Cemetery

Date Jan 14 1909

Undertaker R. St. Elliott

Address 506 Rogers Ave

Now

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. C 018734

C18734

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1620 Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Hopkins

Residence, Give Street and Number, 1620 Eutaw St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: Brown

DATE OF BIRTH: April 19 1

AGE: 1 years, 9 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Balto. City.

FULL NAME OF FATHER: Charles Hopkins

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Lizzie Forbes

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Forbes Williams

(Address) 614 Dallas St.

Filed 1/14 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH 1/12, 1909

I HEREBY CERTIFY, That I attended deceased from 1/12, 1909 to 1/13 1909 that I last saw h— alive on 1/12 1909 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Probably Syph. T. B. (DURATION) 3 mos. DAYS

(Signed) A. Lee Eccles M. D.

Address 922 Mod. Ave.

Date 1/13 1909.

Place of Burial Mt. Auburn

Date Jan 14th 1909

Undertaker Wm J. Johnson

Address 614 Baker St

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) and the *cause and date of death* of the person deceased,

Ward 12 C18735 Registered No. B C18735

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Leroy Burrier

{ Residence, if in Baltimore, Give Street and Number. } 1754 Clarkson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mulatto

DATE OF BIRTH: April 29 1

AGE: ~~2 Yrs~~ ~~mos~~, ~~9 mos~~ 22 Months days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo. Burrier

BIRTHPLACE OF FATHER (State or country): Fredrick Co

MAIDEN NAME OF MOTHER: Rossie Tucker

BIRTHPLACE OF MOTHER (State or country): Fredrick Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Burrier mother

(Address) 1754 Clarkson St.

Filed 1/14 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 3 1909 to Jan 13th 1909

that I last saw h~~im~~ alive on Jan 13th 1909,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia -

Empyema -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Willis D. Gatch M.D.

Address Johns Hopkins Hosp.

Date Jan. 13, 1909 1909

Place of Burial Cedar Hill

Date Jan 15 1909

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 ... City of Baltimore.

Registered No. C 018736 018736

CERTIFICATE OF DEATH.

166

(Place of Death.) No. B Falls Road opposite # 121 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Stout

Residence, Give Street and Number, 117 Falls Road

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male.

COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 11 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Louis Stout

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: Maggie Blowers

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Blowers

(Address) 123 Glen Edward

Filed 1/14 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 12 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Body cut in two.

Railroad Accident.

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date January 14, 1909

Place of Burial Baltimore Cem.

Date Jan 13/909 ... 190 ...

Undertaker Wm Cook

Address 502 E. Fort Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4

HEALTH DEPARTMENT, City of Baltimore.

C18737

Registered No. C 18737

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 960 N. Washington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Marie Huber

Residence, Give Street and Number, 960 Washington St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH October 27 1908

AGE ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Henry Huber

BIRTHPLACE OF FATHER (State or county) Baltimore Md.

MAIDEN NAME OF MOTHER Catherine Mohr

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A Huber

(Address) 960 N Washington St.

Filed 1/14 1909

HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 13th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 9th 1909 to Jan 13th 1909

that I last saw h[illegible] alive on Jan 12th 1909

and that death occurred, on the date stated above, at 1 55 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchio Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Chas B. Fowler M. D.

Address 830 N Broadway

Date Jan 13 1909

Place of Burial Baltimore Cemetery

Date Jan. 14 1909

Undertaker Henry Hooke Sons

Address 1301 E. Eager St.

Remarks .....

C18738

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18738

City of Baltimore, (No. 914 Wheatcroft St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1870 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H. Jackson

BIRTHPLACE OF FATHER (State or country): Kentucky

MAIDEN NAME OF MOTHER: Lizzie Talbott

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Jackson

(Address) 914 Wheatcroft

Filed 1/14 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 12 (Month) 10 (Day) A.M. 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4 1908 to Dec 27 1908

that I last saw h[er] alive on Dec 27 1908,

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Carcinoma of cervix

Stage Liver & Kidneys

Chronic Nephritis

Contributory ..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) [illegible] M. D.

1909 (Address) [illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem | DATE OF BURIAL: Jan 14 1909

UNDERTAKER: Wm H. Chamberlain | ADDRESS: 1400 McCulloh

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C18739 Registered No. B C18739

C18739

CERTIFICATE OF DEATH.

(Place of Death.) No. 1513 Hanover St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian F. Schaefer

{Residence, if in Baltimore, Give Street and Number.} 1513 Hanover St

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 3 1880

AGE: 28 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frederick Schaefer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Bergheimer

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Wolf

(Address) 1513 Hanover St

Filed 1/14 1909

HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 11th 1909

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Jany 11 1909 that I last saw h[im] alive on July 10th 1909, and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

about 2 Yrs (DURATION)

Contributory (Primary.)

Exhaustion - due to Hemorrhage (DURATION) 4 DAYS

(Signed) M A Fair M.D.

Address 12 E 25th St

Date January 12th 1909

Place of Burial Western Cem

Date Jan 14th 1909

Undertaker B Schloman & Son

Address 1529 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

C18740

Registered No. C C18740

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 550 Oxford St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Williams Eskridge

Residence, Give Street and Number, 550 Oxford St.

Duration of Residence in Baltimore, 3 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Unknown

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman st

Filed 1/14 1909

HARRY O. ANDREWS
PERMIT CLERK.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Consumption

of Lumbago (DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Richard Baetzhorn M. D.

Address 700 N. Lafayette (Corner)

Date Jan. 12 1909

Place of Burial Mt Zion

Date January 15 1909

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C18741

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanley Fowlin

{Residence, if in Baltimore, Give Street and Number.} 1820 Patterson ave

Duration of Residence in Baltimore. 20 yrs +

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Male / COLOR: Colored	DATE OF DEATH: January 12 1909
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from Jan 3, 1909 to Jan 12 1909
AGE: 46 years, — months, — days	that I last saw h[illegible] alive on Jan 11 1909,
SINGLE, MARRIED, WIDOWED, OR DIVORCED	and that death occurred, on the date stated above, at 12:20 A.M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Baltimore md	
FULL NAME OF FATHER: —	Exhaustion
BIRTHPLACE OF FATHER (State or country): —	(DURATION) DAYS
MAIDEN NAME OF MOTHER: —	Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country): —	(Signed) Wm. H. Wright M.D.
OCCUPATION OF DECEASED: Nan	Address 1373 N. Carey
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Jan 13 1909
(Informant) James H Dennis	Place of Burial Laurel
(Address) 1332 Presstman st	Date January 14 1907
Filed 1/14 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Undertaker JAMES H. DENNIS.
	Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C18742

Ward 4 Registered No. C

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1707 Ensor st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H Skelton

Residence, Give Street and Number, 1707 Ensor

Duration of Residence in Baltimore, 3 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1879

AGE 30 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Balto co Md

FULL NAME OF FATHER Thomas H. Skelton

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Mary Haulon

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Maggie Atthens

(Address) 1707 Ensor St.

Filed 1/14 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 13th 1909

I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1908 to Jan 13th 1909

that I last saw him alive on Dec 22nd 1908

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis Pulmonalis

(DURATION) ? ~~DAYS~~

Contributory (Primary) Exhaustion

(DURATION) ? ~~DAYS~~

(Signed) L. M. C. Parker M. D.

Address 1051 Augusta St

Date January 14 1909

Place of Burial Baltimore Station Balto Co Md

Date January 16 1909

Undertaker John J. Cowan

Address 601 N Dallas St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

Ward 19 C18743 Registered No. B C18743

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1523 Clifton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Annie T. Erdman

{Residence, if in Baltimore, Give Street and Number.} 1523 Clifton ave

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 21 1867

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Andrew Jackson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ann. T Harwood

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Millard F. Erdman

(Address) 1523 Clifton Place

Filed 1/14 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 11th 1909 to Jan. 13th 1909 that I last saw her alive on Jan 13th 1909, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Tuberculosis of the lungs (DURATION) DAYS

(Signed) E. G. Shower M.D.

Address 1224 N. North ave.

Date January 13th 1909

Place of Burial Mount Olivet Cemetery

Date January 15 1909

Undertaker Wilbur H Shower

Address 224 N. Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 2 C18744 Registered No. C C18744

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 506 N. Eden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Camplin

Residence, Give Street and Number. 506 N. Eden St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR Colored

DATE OF BIRTH 1834

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Jos. Wilkes

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Chase

(Address) 506 Eden St

Filed 1/14 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 12, 1909

I HEREBY CERTIFY, That I attended deceased from Dec 22 1908 to Jan 12, 1909 that I last saw her alive on Jan 10 1909 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Hemiplegia

(DURATION) 3 weeks

Contributory (Primary) Exhaustion

(DURATION) 2 DAYS

(Signed) D E Lilly M. D.

Address 2007 Emmerdale St

Date Jan. 13 1909

Place of Burial St. Peters Cemetery

Date January 15th 1909

Undertaker Theodore White

Address 702 Gough St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward .....

C18745 Registered No. B C18745

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Donald

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White.
DATE OF BIRTH: Oct. 13 1908	
AGE: ..... years, 3 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Bidden

(Address) Nursery & Childs Hosp.

Filed 1/14 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1909

I HEREBY CERTIFY, That I attended deceased from Oct 13 1908 to Jan 13 1909 that I last saw h.. alive on Jan 13 1909, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) Life DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) G. T. Burton M.D.

Address 222 E 6ms St

Date January 13 1909

Place of Burial London Park

Date Jan 14th 1909

Undertaker Geo J. Smith & Co

Address 1000 N Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18746

Registered No. B C18746

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Anderson (Anderson)

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Sept. 11 1907	
AGE: years, 1 months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 1/14 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1909

I HEREBY CERTIFY, That I attended deceased from Sept. 11 1907 to Jan 13 1909 that I last saw her alive on Jan 13 1909, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) 1yr DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. T. Burgess, M.D.

Address 222 E. Conn. Ave

Date January 13 1909

Place of Burial London Park

Date Jan 14th 1909

Undertaker Geo. J. Smith Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

C18747 Registered No. B C18747

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 156 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. T. Hubbard

{Residence, if in Baltimore, Give Street and Number.} 156 Patapsco St Nort

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 7th 1888

AGE: 19 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William T. Hubbard

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Catherine Haven

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William T. Hubbard

(Address) 156 N. Patapsco St

Filed 1/14 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from Sept 5 1908 to Jan 10 1909

that I last saw h[im] alive on Jan 10 1909

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

Pulmonary tuberculosis

10 months (DURATION) DAYS

Contributory (Primary.) ✓

(DURATION) DAYS

(Signed) J. Mendenhall M.D.

Address ~~156 Patapsco St~~ 1822 N. Chester

Date 190

Place of Burial Oak Lawn Cemetery

Date Jan. 14th 1909

Undertaker H. Sander Sons.

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

Registered No. B 018748

018748

177

CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 N. Patterson Pk Ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth May

{Residence, if in Baltimore, Give Street and Number.} 1034 N. Patterson Pk Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Nov. 23rd 1847

AGE 60 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Myer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minnie Grace

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Myer

(Address) Carlton Ave. & Eutaw St.

Filed 1/14 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11th 1908

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1909 to Jan 11th 1909

that I last saw h[illegible] alive on " 190[illegible]

and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate)

Anasarca

4 weeks (DURATION) DAYS

Contributory (Primary) Cardiac Failure (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2608 Madeira

Date Jan 13 1908

Place of Burial 1st Evangelical Cemetery

Date Jan. 14th 1909

Undertaker H. Kander & Sons.

Address 1710 Carlton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 12 C18749 Registered No. B C18749

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theophilus P. Little

{Residence, if in Baltimore, Give Street and Number.} 722 Second Ave.

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	July 16 1830
AGE	78 years, 5 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	Nicholas Little
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Alice Bond
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Executive

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Little

(Address) 722 2nd Ave

Filed 1/14 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1909 to Jan. 12 1909 that I last saw h in alive on Jan. 12 1909, and that death occurred, on the date stated above, at 6.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Septicaemia following streptococcus infection of hand and arm. Burn of hand. (DURATION) 6 W. DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Wm Schmuck M.D.

Address City Hospital.

Date Jan 12 1909

Place of Burial Druid Ridge

Date Jan 15 1909

Undertaker A J Marshall

Address 3539 Lafl Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C18750

C18750

138

CERTIFICATE OF DEATH.

(Place of Death.) No. 244 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence L. Hunt

{Residence, if in Baltimore, Give Street and Number.} 244 Hickory Ave

Duration of Residence in Baltimore. 4 Mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: May 13 1880

AGE: 28 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Chas. Curtis

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Mattie Gordon

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. H. Curtis

(Address) 244 Hickory Ave

Filed 1/14 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1909

I HEREBY CERTIFY, That I attended deceased from Jan 13 1909 to Jan 13 1909 that I last saw h.. alive on Jan 13 1909, and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Patient was in 4th month of Pregnancy and aborted on above date, the symptoms of Anemia following expulsion of foetus - death came very suddenly. (DURATION) DAYS

Contributory (Primary.) Pregnancy

Abort 4 months (DURATION) DAYS

(Signed) Wm. C. Bode M.D.

Address 1900 Maryland Ave

Date Jan 13th 1909

Place of Burial Arcadia Balto Co Md

Date Jan 15 1909

Undertaker P S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18751 Registered No. B C18751

CERTIFICATE OF DEATH.

(Place of Death.) No. 1745 East Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret D. Davide

{ Residence, if in Baltimore, Give Street and Number. } 1745 East Eager st

Duration of Residence in Baltimore. 52 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 14, 1829

AGE 79 years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER George Harpster

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geage Horisberg

(Address) 603 E. Lombard st

Filed 1/14 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 12, 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 12 1909 that I last saw h.. alive on Jan 12 1909 and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) — DAYS

Contributory (Primary.) Old age and Senile Cerebral Hemorrhage (DURATION) DAYS

(Signed) J. B. Schwatka M.D.

Address 1003 N. Gilmor

Date 1909

Place of Burial Baltimore Cemty

Date Jan. 15, 1909

Undertaker Zurkler & Zurkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C18752 Registered No. B C18752

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 530 Bloom St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Millie Socher

{ Residence, if in Baltimore, Give Street and Number. } 530 Bloom St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white.

DATE OF BIRTH: — 1864

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: maried.

BIRTHPLACE (State or country): Galicia, Austria.

FULL NAME OF FATHER: Moris Moher

BIRTHPLACE OF FATHER (State or country): Galicia, Austria.

MAIDEN NAME OF MOTHER: Sarah —

BIRTHPLACE OF MOTHER (State or country): Galicia. Austria

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Moses Socher

(Address) 530 Bloom St.

Filed 1/14 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 1908 to Dec. 24 1908, that I last saw her alive on Dec. 23 1908, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast

1 year (DURATION) DAYS

Contributory (Primary.) General Cancer

(DURATION) DAYS

(Signed) David I. Macht M.D.

Address 1511 Madison Ave.

Date Jan. 14. 1909. 190

Place of Burial Balto Hebrew Cem

Date Jany 15th 190 9

Undertaker Harris & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C18753 Registered No. C C18753

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Lacy.

Residence, Give Street and Number, St Vincent Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR W.

DATE OF BIRTH D 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Inf Asylum

(Address) [illegible]

Filed 1/14 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 10 1909

I HEREBY CERTIFY, That I attended deceased from Jan 3 1909 to Jan 10 1909 that I last saw her alive on Jan 10 1909 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Patrick F. Harkett M. D.

Address .....

Date Jan 13 1909

Place of Burial New Cathedral

Date Jan 15th 1909

Undertaker Martin, Fahey & Sons.

Address 606 Lafayette Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C18754 Registered No. C C18754

CERTIFICATE OF DEATH. 179

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna Albright

Residence, Give Street and Number, St Vincent Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	W.

DATE OF BIRTH 1

AGE ..... years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Inf. Asylum

(Address) .....

Filed 1/14 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from Jan 7 1909 to Jan 12 1909

that I last saw h alive on " " 1909

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M. D.

Address .....

Date Jan 13, 1909

Place of Burial Mt Cathedral

Date Jan 15 1909

Undertaker Martin Tabbert & Son

Address 606 Fayette St E.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward W 018755 Registered No. C 018755

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miriam Oliver

Residence, Give Street and Number, St Vincent Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH 1

AGE years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Infant Asylum

(Address)

Filed 1/14 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2 190 to Jan 11 190 9 that I last saw her alive on 190 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

(a) Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F. Martyn M. D.

Address

Date Jan 13 190 9

Place of Burial New Cathedral

Date Jan 15 190 9

Undertaker Martin Lahey & Sons.

Address 606 Lafayette Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C18756 Registered No. C C18756

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Conner

Residence, Give Street and Number, St Vincent

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Infant Asy.

(Address) .....

Filed 1/15 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 10 1909

that I last saw her alive on ... 1909

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M. D.

Address .....

Date Jan 13. 1909

Place of Burial Mount Cathedral

Date Jan 15. 1909

Undertaker Martin Fahey

Address 206 Lafayette Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C18757 Registered No. C C18757 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Coleman

Residence, Give Street and Number, St Vincents Infant Asylum.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH 1

AGE ..... years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. /

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincent Infant Asy.

(Address) .....

Filed 1/14 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 12 1909.

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 12 1909

that I last saw h alive on " " 1909.

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) Patrick F Martin M. D.

Address .....

Date Jan 13. 1909

Place of Burial Mor. Cathedral

Date Jan 13. 1909

Undertaker Martin Lafney & Son.

Address 606 Lafayette Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 — Registered No. B C18758

C18758

CERTIFICATE OF DEATH.

150b

(Place of Death.) No. 1017 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cyril Meyer

{ Residence, if in Baltimore, Give Street and Number. } 1017 Aisquith St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 5th 1908

AGE ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph B. Meyer

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Carrie E. Strett

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father.

(Address) 1017 Aisquith St

Filed 1/14 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 5 1908 to Jan 14 1909 that I last saw h[illegible] alive on Jan 13 1909, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congest. disease of Heart
(non closure of Foramen
(ovale

(DURATION) 40 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Benj. D. Stanton M.D.

Address 1216 N. Carlton St

Date Jan - 14 1909

Place of Burial Holy Redeemer Cemetery

Date Jan. 15th 1909

Undertaker Henry Stock Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C18759 Registered No. B C18759

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. H. Tumbleson

{Residence, if in Baltimore, Give Street and Number.} 3714 E. Lombard St.

Duration of Residence in Baltimore. 38 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 28 1850

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas H. Tumbleson

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Sarah C'donohue

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Decorator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Tumbleson

(Address) Dolphin & Madison Ave

Filed 1/14 1909 Per. S. Stacy HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 13 1909.

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1909 to Jan. 13 1909 that I last saw h.im alive on Jan. 12 1909. and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia (DURATION) ..... DAYS

(Signed) J. F. Williams M.D.

Address Ind. Gen. Hosp.

Date Jan. 13 1909.

Place of Burial Loudon Park Cem.

Date Jan 15 1909

Undertaker Scott H. Sears

Address 23 South Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C18760

C18760
45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1402 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Clarke

{ Residence, if in Baltimore, Give Street and Number. } Aged Women's Home

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR W't.

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella F. Jones Matron

(Address) Aged Women Home

Filed 1/14 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1909

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to Jan 13 1909

that I last saw h[illegible] alive on Jan 13 1909,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma
Rectum

1 yr (DURATION) DAYS

Contributory (Primary) Asthenia

1 M (DURATION) DAYS

(Signed) H. Norris M.D.

Address Bx 28 Fayette

Date Jan 13 1909

Place of Burial New Cathedral Cemt.

Date Jan 15th 1909

Undertaker Crowley Bros.

Address 251 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C18761 Registered No. B C18761

65

CERTIFICATE OF DEATH.

(Place of Death.) No. 1431 Decatur St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George T Holton

{ Residence, if in Baltimore, Give Street and Number. } 1431 Decatur St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Feby 8 1849

AGE 59 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) West Va

FULL NAME OF FATHER Geo Holton

BIRTHPLACE OF FATHER (State or country) U S A

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Lab. Boards Rr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma L Holton

(Address) 1431 Decatur St.

Filed 1/14 1909 HARRY C. ANIKANS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13th 1909

I HEREBY CERTIFY, That I attended deceased from Nov 30 1908 to Jany 13 1909

that I last saw h alive on 1/13 1909,

and that death occurred, on the date stated above, at 6.45 a m

CAUSE OF DEATH (Secondary or Immediate.)

Softening of Brain (Senile)

4 Weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L J Durlington M.D.

Address 102 E Fort Ave

Date Jany 13th 1909

Place of Burial Loudon Park Cem

Date Jan 16th 1909

Undertaker J. Geo McCully.

Address 39 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 Registered No. C 018762

CERTIFICATE OF DEATH.

150c

(Place of Death.) No. 533 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jurant Baker

Residence, Give Street and Number, 533 Falls Road

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Jan 11 1909

AGE ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Jurant Baker

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Fannie Younger

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jurant Baker

(Address) 533 Falls Rd

Filed 1/14" 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Birth Jan 11 1909 to Jan 14 1909

that I last saw h im alive on Jan 13 1909

and that death occurred, on the date stated above, at 9 A M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction which existed at Birth

Operation Caesarean section (DURATION) Since Birth DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. O'Kelley M. D.

Address 1529 Aisquith St

Date January 14th 1909

Place of Burial Reisterstown Md

Date Jan 15th 1909

Undertaker Wm. E. Chenowith

Address 919 - 3rd Ave Sou Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... C18763 Registered No. B C18763

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 247 S. Caroline St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Isidor Fookerman

{ Residence, if in Baltimore, Give Street and Number. } 247 S. Caroline St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ... 1 ...

AGE 19 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER Jacob Fookerman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Becca Berman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Freedman

(Address) 247 S Caroline st

Filed 1/15 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1909 to Jan. 14 1909 that I last saw h in alive on Jan. 14 1909, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart-failure

(DURATION) ? DAYS

Contributory (Primary.) Acute Ulcerative Endocarditis (DURATION) ? DAYS

(Signed) L. Wolman M.D.

Address 129 N. Broadway

Date Jan. 14 1909

Place of Burial Hebrew Henning Run

Date Jan. 15, 1909

Undertaker Mort Lennon

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 9 C18764 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 33 Albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pinkus Bernstein

{Residence, if in Baltimore, Give Street and Number.} 33 Albemarle St -

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Goldstein

(Address) 33 Albemarle St.

Filed 1/15 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 14 1909 to Jan. 14 1909 that I last saw him alive on Jan. 14 1909 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Apoplexy) -

(DURATION) 1 DAYS

Contributory (Primary.) Probably arteriosclerosis

(DURATION) DAYS

(Signed) J. Josephson M.D.

Address 41 N. Bway.

Date Jan. 14, 1909 1909

Place of Burial Hebw Rondale Cemetery

Date Jan. 15 1909

Undertaker Max Levinson

Address 1620 McElderry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18765 Registered No. B C18765

CERTIFICATE OF DEATH.

108

(Place of Death.) No. 1114 Whitelock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Harris

{Residence, if in Baltimore, Give Street and Number.} 1114 Whitelock St

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Black
DATE OF BIRTH	May 1844
AGE	64 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Adam White
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Jane White
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Thomas

(Address) 1114 Whitelock St

Filed 1/15 1909 HARRY O. ARLEDGE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1909

I HEREBY CERTIFY, That I attended deceased from Dec 22 1909 to January 14 1909

that I last saw h- alive on January 12 1909

and that death occurred, on the date stated above, at 2.20 a M. CAUSE OF DEATH (Secondary or Immediate.)

Strangulated Hernia

+ Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Ventral Hernia

(DURATION) 22 DAYS

(Signed) C E Davis M.D.

Address 923 N Eutaw St

Date January 15 1909

Place of Burial Mt Auburn

Date January 17 1909

Undertaker JAMES H. DENNIS,

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18766 Registered No. B C18766

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard H Wheeler

{Residence, if in Baltimore, Give Street and Number.} 419 W. Hamburg St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col
DATE OF BIRTH	1850
AGE	59 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	Richard H. Wheeler
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Eliza Freeland
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances L Wheeler

(Address) 419. W. Hamburg

Filed 1/15 1909 HARRY O. AMBERS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 12 1909

I HEREBY CERTIFY, That I attended deceased from 5 Jan 1909 to Jan 12 1909 that I last saw h[illegible] alive on Jan 1909 and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 7 DAYS

(Signed) C. H. Green M.D.

Address 712 S. Hanover St.

Date Jan 14 1909

Place of Burial Mt. Auburn Cem

Date Jan 15 1909

Undertaker Jas. L. Thos & Sons

Address 1400 Pres St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward..... C18767 Registered No. C..... C18767

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 2501 E Fayette St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Adopt

Residence, Give Street and Number, 2501 E Fayette St

Duration of Residence in Baltimore, 65 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Mail	W

DATE OF BIRTH ..... December 12 1831

AGE ..... 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Adopt

(Address) 2501 E Fayette

Filed 1/15 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 12, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1908 to Jan. 12 1909

that I last saw him alive on Jan. 12 1909

and that death occurred, on the date stated above, at 10 45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Cardiac Dilatation

instant (DURATION) ~~DAYS~~

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) 2 DAYS

(Signed) Eugene L Lucas M. D.

Address 2814 E Balto St

Date Jan. 14, 1909

Place of Burial Mount Carmel

Date January 15 1909

Undertaker Windell Dysel & Son

Address 37 S Amm St

Remarks .....

Ward ..... C18768 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 Sycamore Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Evelyn Virginia Munzer

{Residence, if in Baltimore, Give Street and Number.} 306 Sycamore Ave.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 13th 1907

AGE 1 years, 4 months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George Munzer

BIRTHPLACE OF FATHER (State or country) Balt. Md

MAIDEN NAME OF MOTHER Grace Lee Wicklin

BIRTHPLACE OF MOTHER (State or country) Carroll Co. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Munzer

(Address) 306 Sycamore Ave

Filed 1/13 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1909 to Jan 13th 1909

that I last saw h.. alive on Jan 13th 1909

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Enteritis

(DURATION) 5 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Jan 14th 1909

Place of Burial St Marys Cemetery

Date Jany 15 1909

Undertaker Wm E Chenoweth

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 19 C18769 Registered No. C C18769

CERTIFICATE OF DEATH. 92

(Place of Death.) No. 68 Brick Hill Mt. Vernon St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mystle Edwards

Residence, Give Street and Number, 68 Brick Hill

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH June 14, 1907

AGE 1 years, 7 months, 0 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Nettie Edwards

MAIDEN NAME OF MOTHER Maryland

BIRTHPLACE OF MOTHER (State or county) — 4

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. Connor

(Address) 68 Brick Hill Mt. Vernon

Filed 1/15 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 7 1909 to Jan 13 1909 that I last saw her alive on Jan 13 1909 and that death occurred, on the date stated above, at 1.30 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Asthenia

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary) Broncho Pneumonia (DURATION) DAYS

(Signed) W H Smith M. D.

Address 3435 Chestnut Ave

Date Jan 15, 1909

Place of Burial St. Marys Hampden

Date Jan 16th 1909

Undertaker Wm. E. Ehrenwerth Son

Address 919 3rd ave. Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward C1870

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 717 E. Twenty First St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edward Brady

Residence, Give Street and Number, 717 E. Twenty First St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Feb 1 1852

AGE 53 years, 11 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Laurence E. Brady

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Sarah E Canfield

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 717 E. 21st St

Filed 1/15 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

Dr Thomas

Remarks 1228 Madison Ave

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12th 1909 to Jan 13th 1909

that I last saw h[illegible] alive on Jan 13 1909

and that death occurred, on the date stated above, at 1.20 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) 1½ DAYS

Contributory (Primary) Bright's Disease (DURATION) DAYS

Accessory

(Signed) H. M. Thomas M. D.

Address 1228 Madison Ave

Date January 16th 1909

Place of Burial Cantalene

Date Jan. 16 1909

Undertaker H. C. Mitchell

Address 914 Greenmount Ave.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C1877 Registered No. C C1877

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1309 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretha Schmitt

Residence, Give Street and Number, 1309 E Eager St.

Duration of Residence in Baltimore, 35 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 61 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER John Kolb

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Aug. Schmitt

(Address) 1309 E Eager St.

Filed 1/15 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 13 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Andrews M. D.

Address Edmondson Ave

Date Jan 14 — 09 190

Place of Burial Holy Redeemer Cemetery

Date Jan. 16 1909

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 Registered No. C 18772

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1024 Ausquith St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry L. Mueller

Residence, Give Street and Number, 1024 Ausquith St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR W

DATE OF BIRTH October 4th 1907

AGE 1 years, 3 months, 11 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER George A Mueller

BIRTHPLACE OF FATHER (State or county) City

MAIDEN NAME OF MOTHER Helen Kleiderlein

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1024 Ausquith St

Filed 1/15 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 15 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12 1909 to Jan 15 1909

that I last saw him alive on Jan 14 1909

and that death occurred, on the date stated above, at 12.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ernest Krauser M. D.

Address 1419 E Eager St

Date Jan 15th 1909

Place of Burial Holy Redeemer Cemetery

Date Jan. 17th 1909

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18773
93

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 S. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Jackson

{Residence, if in Baltimore, Give Street and Number.} 24 S. Spring St

Duration of Residence in Baltimore. 37 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH [redacted] 1

AGE 65 [redacted] years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED [redacted] Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kinsey Brooks

(Address) St Nicholas Md

Filed 1/15 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 13th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 9th 1909 to Jan 13th 1909 that I last saw h[illegible] alive on Jan 12th 1909, and that death occurred, on the date stated above, at 5:20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 1 DAYS

(Signed) A. F. Ries M.D.

Address 212 S. Broadway

Date Jan. 13 1909

Place of Burial St Nicholas Md

Date Jan 15 Kelsyburne Bros 1909

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18774 ..... Reg. 36

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 ½ Parkin St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Infant of Mrs Bunching

{ Residence, if in Baltimore, Give Street and Number. } 110 ½ Parkin St.

Duration of Residence in Baltimore. 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 10 1909

AGE ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/15 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 1909

I HEREBY CERTIFY, That I attended deceased from Jan 10 1909 to Jan 13 1909 that I last saw him alive on Jan 14 1909, and that death occurred, on the date stated above, at 8.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

General Insanition

(DURATION) 3 DAYS

Contributory (Primary.) Hereditary Syphilis (DURATION) — DAYS

(Signed) J. W. Bird M.D.

Address University Hospital

Date January 15 1909.

Place of Burial UNIVERSITY OF MARYLAN

Date JAN 15 1909 190 ....

Undertaker Commissioner Health, Per. Wm. E. WOODALL

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

11

CERTIFICATE OF DEATH. C 1775151

(Place of Death.) No. 826 Raborg St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Not Named in Mrs. B. C. Clayton

{ Residence, if in Baltimore, Give Street and Number. } 826 Raborg St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
DATE OF BIRTH	1
AGE	3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	B.
FULL NAME OF FATHER	Richard Powell
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Ina Clayton
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/15 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1909 to 1909

that I last saw h alive on 1909,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or immediate.)

Traumatism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Martin M.D.

Address Dover

Date Jan 15 1909

Place of Burial COLLEGE OF P. & S.

Date JAN 15 1909 190

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL,

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C18776 Registered No. C C18776

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 325 Chestnut St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T. Barnes

Residence, Give Street and Number, 325 Chestnut St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: —

AGE: — years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: —

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: James Green

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Lizzie Beams

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Green

(Address) 506 Rogers Ave

Filed 1/15 1909 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from ~~Jan~~ 1909 to 1909

that I last saw h alive on 1909

and that death occurred, on the date stated above, at 9 M.

CAUSE OF DEATH (Secondary or Immediate,)

Contributory (Primary) Cerebral Hemorrhage

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) W. T. Riley M. D.

Address 699 Bond

Date Jan 14 1909

Place of Burial Laurel

Date January 16 1909

Undertaker Robert A Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH. C18771

Place of Death.) No. Home for the Aged Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Drouet

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Norfolk Virginia

FULL NAME OF FATHER: Joseph Drouet

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Bessie Tyler

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Servante

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Cyrille

(Address) Little Sisters Preston & Valley Sts

Filed 1/15 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 14 1909

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Sr alive on Janu 8 1909,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Asteno-sclerosis

Unknown (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner, M.D.

Address 1133 Valley St

Date Jany 15 1909

Place of Burial Holy Cross

Date January 16th 1909

Undertaker H. C. Wiedefield

Address 914 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

C18778 C18778

C18778

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2006 St. Jefferson

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Wunderlich

{ Residence, if in Baltimore, Give Street and Number. } 2006 Jefferson St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	September 17 1886
AGE	22 years, 3 months, 27 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Conrad Wunderlich
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catharine Kippel
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	Dressmaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Einstein Wunderlich

(Address) 2006 Jefferson St.

Filed 1/15 190 9 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 13 1909

I HEREBY CERTIFY, That I attended deceased from March 8 1908 to Jan 13 1909 that I last saw h.. alive on Jan 13 1909, and that death occurred, on the date stated above, at 9.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 10 mo DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Guthrie M.D.

Address 102 E 20th St.

Date January 14 1909

Place of Burial Mt. Carmel

Date 1/17/09 190

Undertaker J. Herwig & Son

Address 200 E Oliver St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18779 [illegible] 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Clarkson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C Schenkel

{ Residence, if in Baltimore, Give Street and Number. } 1613 Clarkson St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 28 1886

AGE 22 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Geo. W. Schenkel

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Mary E Crampton

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Drug Miller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Schenkel

(Address) 1613 Clarkson

Filed 1/15 190 9 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13 190 9

I HEREBY CERTIFY, That I attended deceased from Jan 5 190 9 to Jan 13 190 9

that I last saw him alive on Jan 13 190 9,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J H Cushman M.D.

Address 1323 Eutaw

Date Jan 14 190 9

Place of Burial Mt. Olivet

Date 1/16/09 190

Undertaker J Herring & Son

Address 2008 Eutaw

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 18780

92

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Bechtold

{ Residence, if in Baltimore, Give Street and Number. } 924 Robinson Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Bechtold

(Address) 924 Robinson St

Filed 1/15 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4" 1909 to Jan 14" 1909 that I last saw him alive on Jan 14" 1909 and that death occurred, on the date stated above, at 5-20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thwaites M.D.

Address John Hopkins Hospital

Date Jan 14" 1909

Place of Burial ~~Mt Pratt Cem~~

Date Jan. 17/909 190

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7R — C18781 — Registered No. C C18781

CERTIFICATE OF DEATH.

(Place of Death.) No. Universit Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Allen

Residence, Give Street and Number, 1005 Burrough Dr.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Herman Timmer

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Minnie Beyer

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph L. Allen.

(Address) 1005 Burrough St

Filed 1/15 1909

BARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Nov 14 1909 to Jan 14 1909

that I last saw h alive on Jan 14 1909

and that death occurred, on the date stated above, at 1.30

M. CAUSE OF DEATH (Secondary or Immediate,)

Cyanosis

(DURATION) 21 DAYS

Contributory (Primary) Pt died from Bronchopneumonia (DURATION) 9 wks DAYS

(Signed) Jno Byrd M. D.

Address Universit Hospital

Date Jan 14 1909

Place of Burial Cedar Hill

Date Jan 19/909 190

Undertaker Van Cura K

Address 602 E. Northern

Remarks

Ward 14 — 6782 — 27

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Geo. Bauerschaub

Residence, Give Street and Number, 1506 N Gay St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Geo Bauerschaub Sr

BIRTHPLACE OF FATHER (State or county): N Germany

MAIDEN NAME OF MOTHER: Anna Krause

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Weltz

(Address) 1602 N. Gay St

Filed 1/15 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 13 1909

I HEREBY CERTIFY, That I attended deceased from Dec 29 1908 to Jan 13 1909 that I last saw h[illegible] alive on Jan 13 1909 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) H. E. Wilkinson M. D.

Address St Josephs Hospital

Date Jan 13 1909

Place of Burial Baltimore Co

Date Jan 16/909 190

Undertaker Wm Cook

Address 1502 E. Fayette Av

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital C18783 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Donovan

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F. COLOR: W.

DATE OF BIRTH: 1

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Wr.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sis.

(Address) BAY-VIEW ASYLUM

Filed 1/15 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from June 26 1908 to Jan 14 1909

that I last saw h alive on Jan 14 1909

and that death occurred, on the date stated above, at 8 10 M.

CAUSE OF DEATH (Secondary or Immediate,)

Sacharia T Edmunds

duration

(DURATION) DAYS

Contributory (Primary) Cancer of Stom

(DURATION) DAYS

(Signed) C H W Eden M. D.

Address Bay View Hospital

Date Jan 15 1909

Place of Burial Baltimore

Date Jan 17/909 190

Undertaker Wm Cook

Address 502 E Fort Ave

Remarks

Ward .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Hutchinson C 18784

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M	B

DATE OF BIRTH — 1

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single.

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Local Hospital Supt. BAY VIEW ASYLUM.

(Address)

Filed 1/15 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Aug 20 1908 to Jan 14 1909

that I last saw him alive on Jan 14 1909

and that death occurred, on the date stated above, at 10 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Epilepsy

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) H. H. Baker M. D.

Address Bay View Hosp.

Date Jan 14 1909

Place of Burial JOHNS HOPKINS HOSPITAL JAN 15 1909

Date 190

Undertaker G. L. Hurley

Address 931 N. Mount St.

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18785

CERTIFICATE OF DEATH. C18785

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Thomas

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR C

DATE OF BIRTH —

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holly BAY VIEW ASYLUM Sup't

(Address)

Filed 1/15 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Jan 14 1909

that I last saw her alive on Jan 14 1909

and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy Pneumonia

Exhaustion

(DURATION) DAYS

Contributory (Primary) Organic Heart Disease (DURATION) DAYS

(Signed) W. F. Eshleman M. D.

Address Bay View Hospital

Date Jan 14 1909

JOHNS HOPKINS HOSPITAL

Place of Burial

Date JAN 15 1909 190

Undertaker G. L. Sturley

Address 931 N. Monroe St

Remarks

FOR ANATOMICAL PURPOSES

15

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 1823 North Charles C 18786 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Shotwell Townsend

Residence, Give Street and Number, The Wachert (Charles St. & Lafayette)

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 29th 1849

AGE: 59 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore, Md.

FULL NAME OF FATHER: Richard A. Townsend.

BIRTHPLACE OF FATHER (State or county): Baltimore, Md.

MAIDEN NAME OF MOTHER: Lydia H. Shotwell.

BIRTHPLACE OF MOTHER (State or county): Rahway, N. J.

OCCUPATION OF DECEASED: Physician.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Townsend

(Address) The Wachert

Filed 1/15 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 15, 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Angina Pectoris

(Dropped dead at home door)

..... (DURATION) ..... DAYS

Contributory (Primary) Acute indigestion

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner.

Date January 15, 1909

Place of Burial Loudon Park Cem.

Date January 17-09 190

Undertaker Henry H. Jenkins and Sons Co

Address 300 W. Madison St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. C 42

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 W Fayette St C18787 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Sallie Baynard Todd

Residence, Give Street and Number, 217 W. Fayette St

Duration of Residence in Baltimore, 43 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 11th of May 1846

AGE: 62 years, 8 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Talbot Co. Md

FULL NAME OF FATHER: John Talbot

BIRTHPLACE OF FATHER (State or county): Caroline Co Md

MAIDEN NAME OF MOTHER: Miss Ann Baynard

BIRTHPLACE OF MOTHER (State or county): Caroline Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas W. Todd

(Address) 217 W. Fayette St

Filed 1/15 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 14th 1909

I HEREBY CERTIFY, That I attended deceased from November 26th 1908 to January 14th 1909

that I last saw her alive on January 14th 1909

and that death occurred, on the date stated above, at 8 PM

M. CAUSE OF DEATH (Secondary or Immediate,)

Carcinoma of Retro peritoneal Glands.

Several months (DURATION) ~~DAYS~~

Contributory (Primary) Carcinoma of Uncertain ovary (DURATION) ~~DAYS~~

(Signed) Thomas B. Futcher M. D.

Address 3 W. Franklin St

Date January 15th 1909

Place of Burial Loudon Park

Date January 16th 1909

Undertaker Henry W. Jenkins & Son Co.

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE BACK HEREOF.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C18788

C18788

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 620 Clinton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H Kelly

Residence, Give Street and Number, 620 Clinton Ave

Duration of Residence in Baltimore, Life 18788

PERSONAL AND STATISTICAL PARTICULARS.

SEX male

COLOR white

DATE OF BIRTH 1869

AGE 39 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Thomas Kelly

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Ellen McCabe

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Picture frame maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Kelly

(Address) 620 Clinton Ave

Filed 1/15 1909 HARRY O. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4th 1909 to Jan 14th 1909

that I last saw him alive on Jan 13th 1909

and that death occurred, on the date stated above, at 7

M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Nephritis, 1st

Asthenia

(DURATION) 14 DAYS

Contributory (Primary) ✓

(DURATION) DAYS

(Signed) John T. McCarthy M. D.

Address 654 W Franklin

Date Jan 14th 1909

Place of Burial New Cathedral

Date Jany 18th 1909

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks Dr McCarthy

In this case

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. WHO IS AUTHORIZED TO

Ward 16

HEALTH DEPARTMENT, City of Baltimore.

C18789

Registered No. C 18789

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Hollins St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Duerbeck

Residence, Give Street and Number. 1009 Hollins St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH

AGE 39 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Michael Straffer

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Duerbeck

(Address) 1009 Hollins St

Filed 1/15 1909

HENRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Dec 13 1908 to Jan 14 1909

that I last saw her alive on Jan 13 1909

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary) Paralysis

(DURATION) DAYS

(Signed) J. E. Lynch M. D.

Address 302 W Lombard

Date Jan 15 1909

Place of Burial St Peters

Date Jan 18 1909

Undertaker John J Corman

Address 901 Hollins St

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 18790

C18790

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 112 N. Gilmor St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. V. Jeffers

Residence, Give Street and Number, 112 N. Gilmor St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female.

COLOR: White.

DATE OF BIRTH: ..... 1 .....

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: James Rye.

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Susan Johnston.

BIRTHPLACE OF MOTHER (State or county): Pa.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Jeffers.

(Address) 112 N. Gilmor St.

Filed 1/16 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jany 16 1909

I HEREBY CERTIFY, That I attended deceased from December 1908 to Jany 16 1909 that I last saw her alive on Jan 15 1909 and that death occurred, on the date stated above, at .....M.

CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure
& Exhaustion

(DURATION) 4 DAYS

Contributory (Primary) Chronic

Pneumonitis about 10 (DURATION) DAYS

(Signed) C E Davis M. D.

Address 923 N Carrollton Ave

Date Jany 190

Place of Burial Loudon Park

Date Jan 17/909 190

Undertaker John Cook

Address 502 E. Monument

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C18791

Ward ..... Registered No. C .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Rich

Residence, Give Street and Number, "

Duration of Residence in Baltimore, "

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, — months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Hat Presser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Montgomery Supt.

(Address) BAY VIEW ASYLUM

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Jan 15 1909

that I last saw h in alive on Jan 15 1909

and that death occurred, on the date stated above, at 11:55 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Tuberculosis

(DURATION) DAYS

(Signed) H. W. Baker M. D.

Address Bay View Hospital

Date Jan 15 1909

Place of Burial Western Cemetery

Date Jan 17 1909

Undertaker Geo. W. Jones

Address 1006 W. Fayette St.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 018792

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Alice Kusch

Residence, Give Street and Number, St Vincent Inf. Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Vincent Inf. Asylum

(Address)

Filed 1/16 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909.

I HEREBY CERTIFY, That I attended deceased from Jan 10 1909 to Jan 12 1909.

that I last saw her alive on " " 1909

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick S Martin M. D.

Address 1002 W Lafayette

Date Jan 16 1909

Place of Burial Mt Cathedral

Date Jan 16 1909

Undertaker Martin Fahrney Sons

Address 606 Lafayette Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C18793 Registered No. C C18793

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent Infant Asylum

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanchie Albert

Residence, Give Street and Number, St. Vincent Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent's Asylum

(Address)

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12 1909 to Jan 13 1909 that I last saw h alive on 1 1909. and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J. Morton M. D.

Address

Date Jan 16 1909

Place of Burial New Cathedral

Date ~~Lafayette~~ Jan 16 1909

Undertaker Martin Funeral Home

Address 605 Lafayette Ave

Remarks

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C18794 Registered No. C C18794

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gregory Dawson Dawson

Residence, Give Street and Number, St Vincent Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH 1

AGE ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent Infant Asylum

(Address) .....

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 16 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 13 1909

that I last saw him alive on .. 1909

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address St Vincents

Date Jan 16 1909

Place of Burial New Cathedral

Date Jan 16 1909

Undertaker Martin Funeral Dirs.

Address 606 Fayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C18795 Registered No. C C18795

CERTIFICATE OF DEATH.

147

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Smithers

Residence, Give Street and Number, Smithers

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Delaware.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/16 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 15 1909

that I last saw h— alive on Jan 15 1909

and that death occurred, on the date stated above, at 12 05 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Syphilis & Exhaustion

(DURATION) 8 DAYS

Contributory (Primary) Gangrene of Leg (DURATION) DAYS

(Signed) H. K. Baker M. D.

Address Bay View Hosp.

Date Jan 15 1909

Place of Burial Sacred Heart

Date Jan 16" 1909

Undertaker Chas H. Eveker

Address 118 W. Mt. Royal Ave.

Remarks .....

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C18796 Registered No. B C18796

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1509 W. Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Asa H. Smith

{Residence, if in Baltimore, Give Street and Number.} 1509 W. Balto St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 4th 1851

AGE: 57 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Asa H. Smith

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ann Rebecca Gill

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas B. Cook

(Address) 1003 W. Balto St

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 15th 1909

I HEREBY CERTIFY, That I attended deceased from Apr. 2nd 1908 to Jany 15th 1909 that I last saw h alive on Jany 15th 1909 and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 9 mos DAYS

(Signed) W. R. Slaney M.D.

Address 110 S. Gilmor St

Date Jany 16th 1909

Place of Burial Western Cem

Date Jan 18 1909

Undertaker Jas B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C18797 Registered No. B C18797

Ward 7th

CERTIFICATE OF DEATH.

(Place of Death.) No. 1214 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Baumann Hull St

{Residence, if in Baltimore, Give Street and Number.} 1214

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 19 1867

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Philadelphia Pa

FULL NAME OF FATHER Adam Baumann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christine Treft

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Matthais

(Address) 1214 Hull St.

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 14 Jan 1909

I HEREBY CERTIFY, That I attended deceased from 23 Dec 1908 to 14 Jan 1909 that I last saw him alive on 12 Jan 1909 and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy (2nd attack)

(DURATION) DAYS

Contributory (Primary.) Bright's

(DURATION) DAYS

Gangrene of Leg

(Signed) Jenkins M.D.

Address 1322 Hull St

Date 14 Jan 1909

Place of Burial Woodlawn 1909

Date Jan 17

Undertaker Edward L Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18798

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18798

City of Baltimore, (No. 1916, W. Lexington St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura W. Young

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. (Month) 17 (Day) 1875 1885 (Year)

AGE: 33 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas J. Young

BIRTHPLACE OF FATHER (State or country): Philada. Pa.

MAIDEN NAME OF MOTHER: Susannah Heckens

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Young.

(Address) 1916 W. Lexington St.

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 13th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1908 to Jan. 13 1909 that I last saw her alive on Jan. 13 1909, and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Bright's Disease

(DURATION) DAYS

Contributory Convulsions

(DURATION) 1 DAYS

(Signed) H. W. Webner M. D.

Jan. 15 1909 (Address) 723 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Jan. 16 1909
UNDERTAKER	ADDRESS
Edw. I Fanning	1460 Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or other person [illegible] notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

C18799

Registered No. B C18799

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 10 E Hill St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Faulkner

{Residence, if in Baltimore, Give Street and Number.} 10 E Hill St

Duration of Residence in Baltimore. 40 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ Male

COLOR White

DATE OF BIRTH March 24 1840

AGE 68 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Danl. Faulkner

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary O'Carribin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Faulkner

(Address) 10 E Hill St

Filed 1/16 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 14 1909

I HEREBY CERTIFY, That I attended deceased from Dec 13 1908 to January 14 1909 that I last saw h~~im~~er alive on January 13 1909, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.) Gastro-Enteritis

(DURATION) 90 DAYS

(Signed) Howard Bruce M.D.

Address 944 N Charles St

Date January 15 1908

Place of Burial Cathedral Cemetery

Date Jan 18 1909

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C18800 — Registered No. B C18800

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Lemon St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Infant of James and Emma Holly

{Residence, if in Baltimore, Give Street and Number.} 1509 Lemon St.

Duration of Residence in Baltimore. 10 hours.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Col.

DATE OF BIRTH: Jan. 14 1909

AGE: 10 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Holly

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma Holly

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Holly

(Address) 1509 Lemon St

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 15 1909

I HEREBY CERTIFY, That I attended deceased from Jan 14 1909 to Jan 15 1909 (Dates Inclusive)

that I last saw h-- alive on Jan 15 1909,

and that death occurred, on the date stated above, at 9 9 M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Prematurity

(DURATION) DAYS

Contributory (Primary.) Prematurity.

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Jan. 16 1909

Place of Burial Mount Auburn

Date Jan 17 1909

Undertaker Alfred J Breslauer

Address 114 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, ***sex***, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C18801 — Registered No. C C18801

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatius Chester

Residence, Give Street and Number, 1700 W Lombard St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 38 years, — months, — days	
SINGLE, MARRIED, WIDOWED OR DIVORCED: S.	
BIRTHPLACE (State or county): Russia	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or county): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or county): —	
OCCUPATION OF DECEASED: Tailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Sup.

(Address) BAY VIEW ASYLUM.

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from Feb 8 1908 to Jan 15 1909

that I last saw h[illegible] alive on Jan 15 1909

and that death occurred, on the date stated above, at 6 15 A M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion.

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis. (DURATION) DAYS

(Signed) H H Palmer M. D.

Address Bay View Hospital

Date Jan 15 1909

Place of Burial Loudon Park

Date Jan 17 " 1909

Undertaker N S Trinth

Address 2113 N Pratt St

Remarks

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C 18802

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 730 E Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin L Dungan

Residence, Give Street and Number, 730 E Fort Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH March 19 1840

AGE 68 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Jesse Dungan

BIRTHPLACE OF FATHER (State or county) Frederick Md.

MAIDEN NAME OF MOTHER Sarah Royal

BIRTHPLACE OF MOTHER (State or county) Hagerstown Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nellie J Thompson (daughter)

(Address) 730 E Fort ave

Filed 1/16 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 14 1909.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.55 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis.

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) H M Reinhardt M. D.

Address Coroner

Date January 15 1909.

Place of Burial Cedar Hill

Date Jan 16th 1909

Undertaker Jos. Stanton & Co

Address 1318 Light St.,

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

C18803

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Registered No. B C18803

City of Baltimore, (No. 1611 Eutaw Place St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Hinds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. (Month) 26. (Day) 1909 Year)

AGE: 68 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Thomas Seacombe

BIRTHPLACE OF FATHER (State or country): Englad

MAIDEN NAME OF MOTHER: Eliz. Allard

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Clark

(Address) 1611 Eutaw Place

Filed 1/16 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14 (Month) Wednesday (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1909 to July 14 1909 that I last saw h[illegible] alive on July 14 1909, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
Pulmonary Congestion
(Hypostatic)
Three days (DURATION) DAYS

Contributory Nervous Prostration
Five Months (DURATION) DAYS

(Signed) Chas. G. Hill M. D.

July 15 1909 (Address) 824 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 16 1909

UNDERTAKER: E. W. Mitchell — ADDRESS: 120 W. Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C18804 Registered No. C C18804

CERTIFICATE OF DEATH.

(Place of Death.) No. 1027 Greenmount Ave St. 39

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Jos. McKewan

Residence, Give Street and Number, 1027 Greenmount Ave

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 66 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Michael McKewan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Kate Clark

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1027 Greenmount Ave

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 15th 1909

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1908 to Jan 15th 1909

that I last saw him alive on Jan 14th 1909

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of Mouth

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm Pearce M. D.

Address 1238 Greenway

Date Jan 15 1909

Place of Burial Cathedral

Date January 18 1909

Undertaker H C Nicholson

Address 917 Greenmount Ave

Remarks

TWENTY-FOUR HOURS AFTER DEATH, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C18805 Registered No. B C18805

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 1713 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gerhard Wyhaarn.

{ Residence, if in Baltimore, Give Street and Number. } 1713 Eastern Ave.

Duration of Residence in Baltimore. 50 yrs. Wayhaarn

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 23rd 1849
AGE	59 years, 8 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hofmeister

(Address) 1713 Eastern Ave

Filed 1/16 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15 1909

I HEREBY CERTIFY, That I attended deceased from Dec 17 1908 to Jan 15 1909

that I last saw h living alive on Jan 15 1909

and that death occurred, on the date stated above, at 9:15 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Bronchorrhoea.

(DURATION) 30 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) J C Blades M.D.

Address 1436 Bway

Date Jan 15 1909

Place of Burial Mt Carmel

Date January 18th 1909

Undertaker H. Sauder & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C18806

C18806

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 221 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry B. Schofield

{ Residence, if in Baltimore, Give Street and Number. } 221 N. Gilmor St

Duration of Residence in Baltimore. Life (44 years)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: Feb 19 1865

AGE: 43 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Schofield

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Margaret Long

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carrie Schofield

(Address) 221 N Gilmor St

Filed 1/16 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15 1909

I HEREBY CERTIFY, That I attended deceased from Dec 3 1907 to January 15 1909 that I last saw him alive on January 14 1909, and that death occurred, on the date stated above, at 5-50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic (parenchymatous) Bright's Disease

unknown (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. A. McDowell M.D.

Address 1521 W. Fayette St

Date January 16 1909

Place of Burial Druid Ridge Cemetery

Date Jan 17 1909

Undertaker H. Maurice Routson

Address 231 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C18807

C18807

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 570 Myrtle Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Joseph Holliday

{ Residence, if in Baltimore, Give Street and Number. } 570 Myrtle Ave (above)

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1878

AGE 31 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Holliday

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emaline James

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Laura Holliday

(Address) 570 Myrtle Ave

Filed 1/16 1909

HARRY C. ANDRANS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1908 to Jan 15 1909 that I last saw h alive on Jan 10 1909, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) J B Hughes M.D.

Address 1413 Druid Hill Ave

Date Jan 16th 1909

Place of Burial Cambridge Md

Date Jan 16 1909

Undertaker R T Collett

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21

Registered No. C 18808

159

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital (Grew & Lombard Sts.)

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Flaccus,

Residence, Give Street and Number, 853 Reinhardt St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Not Known

BIRTHPLACE (State or county) " "

FULL NAME OF FATHER " "

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or county) " "

OCCUPATION OF DECEASED Retired Soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed

1/16 1909

HARRY C. ANDREWS
CIRCUIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 11 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pistol shot wound back of left ear, Suicide.

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date January 13 1909.

Place of Burial National Cemetery

Date Jan. 17 1909

Undertaker Henry Storck & Son

Address 1301 E. Eager

Remarks .....

Ward 13 Registered No. B C/8809 40

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home and Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John James Hower-

{ Residence, if in Baltimore, Give Street and Number. } 314 Roland Ave City-

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White-

DATE OF BIRTH: Feb. 20 1

AGE: 65 years, 10 months, 25 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md-

FULL NAME OF FATHER: Nicholas Hower

BIRTHPLACE OF FATHER (State or country): Md-

MAIDEN NAME OF MOTHER: Mary Richmond

BIRTHPLACE OF MOTHER (State or country): — Md

OCCUPATION OF DECEASED: Groceryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dan Purdum Pelin —

(Address) Church Home + Infirmary

Filed Jany 16 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 15th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2th 1909 to Jan 15th 1909 that I last saw h-- alive on Jan 14th 1909 and that death occurred, on the date stated above, at 1 35- A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction-

(DURATION) 15- DAYS

Con'tributory (Primary.) Malignant abdominal tumor (?) (DURATION) (?) DAYS

(Signed) Herbert Bates, M.D.

Address Church Home + Inf.

Date Jan 15, 1909.

Place of Burial St. Mary Cemetery Balto Md

Date Jan, 17 1909

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

Ward 19

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18810

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 809 N. Fulton ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Henry Warehime

Residence, Give Street and Number, 809 N. Fulton ave

Duration of Residence in Baltimore, 11 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 2, 1880

AGE: 29 years, — months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county): Manchester Comd. Co. Md.

FULL NAME OF FATHER: Eli Warehime

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Anna Yingling

BIRTHPLACE OF MOTHER (State or county): Maryland.

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anna Warehime

(Address) 809 N. Fulton

Filed Jany 16 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Jan 14 1909 that I last saw him alive on Jan 14 1909 and that death occurred, on the date stated above, at 11.30 P M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Collapse

Contributory (Primary) Typhoid fever DURATION 31 DAYS

(DURATION) 31 DAYS

(Signed) R. D. Wray M. D.

Address 676 N. Gilmor

Date Jan 16/ 1909

Place of Burial Union Mills Comd Co

Date Jan 17 1909

Undertaker W. J. Tickner & Sons

Address Camden & Paca

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C18611 HEALTH DEPARTMENT, City of Baltimore.

Ward W X

Registered No. B C18611

CERTIFICATE OF DEATH. 118

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola Maud Rickard

{Residence, if in Baltimore, Give Street and Number.} Hedgesville West Virginia

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH .....

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) West Virginia

FULL NAME OF FATHER Chas H Rickard

BIRTHPLACE OF FATHER (State or country) W. Va.

MAIDEN NAME OF MOTHER Mary V Harrison

BIRTHPLACE OF MOTHER (State or country) W Va.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Rickard

(Address) Hedgesville W Va.

Filed Jany 16 1909 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1909

I HEREBY CERTIFY, That I attended deceased from Jan 11 1909 to Jan 16 1909 that I last saw h-er alive on Jan 16 1909, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Septraemia

(DURATION) 2 DAYS

Contributory (Primary.) Acute Gangrenous Appendicitis (DURATION) 4 DAYS

(Signed) Lawrence Roth M.D.

Address Community Hospital

Date Jan 16 1909

Place of Burial Hedgeville W Va

Date Jan 16. 1909

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

Registered No. C 18812

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 42 Calvaston Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Gonrad Gonrad

Residence, Give Street and Number, 42 Calvaston Road

Duration of Residence in Baltimore, 27 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	September 5th 1817
AGE	91 years, 4 months, 10 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Widowed
BIRTHPLACE (State or county)	Germany
FULL NAME OF FATHER	Don't Know
BIRTHPLACE OF FATHER (State or county)	Germany
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or county)	Germany
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Hastmann

(Address) 42 Calvaston Road

Filed

Jany 16 1909 HARRY O. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 15. 1909

I HEREBY CERTIFY, That I attended deceased from

— 190 to 190

that I last saw h— alive on — 190

and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Old age & General debility.

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Herbert C. Blake M. D.

Address 1014 N La Fayette

Date Jan. 15. Coroner 1909

Place of Burial Western Cemetery

Date Sunday January 17th 1909

Undertaker F. B. Waterfall

Address 1 Frederick Pr Epsl

Remarks

C1881[illegible]

Ward 11 C18813 Registered No. B C1881[illegible] 170

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Orpheus C. Alexander.

{ Residence, if in Baltimore, Give Street and Number. } N. Western Ave. Catonsville

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH unknown 1

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Washington D C

FULL NAME OF FATHER dont no

BIRTHPLACE OF FATHER (State or country) dont no

MAIDEN NAME OF MOTHER Elizabeth Boush

BIRTHPLACE OF MOTHER (State or country) montgomery county

OCCUPATION OF DECEASED laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William P Alexander Catonsville

(Address) 116 winters ave Balto

Filed Jany 16 1909 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15 1909.

I HEREBY CERTIFY, That I attended deceased from Jan. 13 1909 to Jan. 15 1909 that I last saw h[illegible] alive on Jan. 15 1909, and that death occurred, on the date stated above, at 3.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) D.

Contributory (Primary) Nephritis (DURATION) DAYS

(Signed) Wm Schmidt M.D.

Address City Hospital

Date Jan. 15 1909

Place of Burial Western Star Cemetery Catonsville Md

Date Jan 17 1909

Undertaker R St Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

C18814

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

C18814

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 700 S Charles St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Shaivetz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 27 (Day) 1905 (Year)

AGE: 3 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Solomon Shaivetz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Friman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mors Shaivetz

(Address) 816 S. Charles St

Filed Jany 16 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 15 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 15 1909 that I last saw he alive on January 15 1909, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Cardiac Failure —

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. Bruce M. D.

Jan 16 1909 (Address) 13 W. Hill St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Washington Co

DATE OF BURIAL: Jan 17 1909

UNDERTAKER: Mat Levinson

ADDRESS: 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A LEGAL DOCUMENT.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C18815

Registered No. C C18815

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Cross St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis K Blair

Residence, Give Street and Number, 1013 Cross

Duration of Residence in Baltimore, 25 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. 1875

AGE: 33 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): St Marys County

FULL NAME OF FATHER: William J. Blair

BIRTHPLACE OF FATHER (State or county): St Marys County Md

MAIDEN NAME OF MOTHER: Sont Knott

BIRTHPLACE OF MOTHER (State or county): St Marys County Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie Blair

(Address) 1013 W. Cross St.

Filed 1/17 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan. 14 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Overdose Carbolic Acid with Suicidal intent. (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Hubert C Blake M. D.

Address 1014 N. LaFayette

Date Jan. 15, Coroner 190

Place of Burial Cedar Hill

Date Jan 17th 1909

Undertaker Jas. Stuntebeck

Address 318 Light St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C18816 — Registered No. C C18816

C18816

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 2616 Boone St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Smith.

Residence, Give Street and Number, 2616 Boone St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: London Smith Va

BIRTHPLACE OF FATHER (State or county): Betsy Smith Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sallie Smith

(Address) 2616 Boone St

Filed 1/17 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 14. 1909.

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1909 to Jan 14 1909, that I last saw him alive on Jan 14 1909 and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Pneumonia

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R. Garland Chinell M. D.

Address 424 - East 23 St

Date Jan. 15, 1909

Place of Burial Laurel

Date Jan 17 1909

Undertaker R. T. Elliott

Address 502 N. Rogers Ave

Remarks

Ward 1 C18817 Registered No. B C18817

CERTIFICATE OF DEATH.

(Place of Death.) No. 1307 division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Jones

{Residence, if in Baltimore, Give Street and Number.} 1307 division St

Duration of Residence in Baltimore. 39 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colord

DATE OF BIRTH: 1

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): St Mary Co Md.

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): St Mary Co Md

OCCUPATION OF DECEASED: Home Worke

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jannie Jones

(Address) 1307 Division st

Filed 1/17 1909

BARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 15 1909 that I last saw her alive on Jan 15 1909, and that death occurred, on the date stated above, at 10 2 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Con'ributory (Primary) Old age

(DURATION) 3 Months

(Signed) John Stuck M.D.

Address 947 W Lafayette Ave

Date Jan 16 1909

Place of Burial Mont Auburn

Date Jan 18 1909

Undertaker John H Owens & Son

Address 1222 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th

Registered No. C 18818 ~~C 18818~~ 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Mandick

Residence, Give Street and Number, 1532 S. 1st St. (Balto Co)

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH June 23rd 1880

AGE 28 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Co

FULL NAME OF FATHER Martin Mandick

BIRTHPLACE OF FATHER (State or county) Austria

MAIDEN NAME OF MOTHER Catharine Albert

BIRTHPLACE OF MOTHER (State or county) Schwitzerland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Mandick

(Address) 1532 S. First St.

Filed 1/17 1909 HENRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 15 - 09 190

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12½

a M. CAUSE OF DEATH (Secondary or Immediate,)

Burns of Electric Wire (accidental)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carruthers M. D.

Address 1 Dover N

Date Jan 15 09 190

Place of Burial Sacred Heart Cemetery

Date Mon. Jan 18th 1909

Undertaker Lilly and Butler

Address 402 S Wolfe St.

Remarks Permission to move to 1116 First St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 3

HEALTH DEPARTMENT, City of Baltimore.

C18819 Registered No. C C18819

1-20

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 Albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna R. County

Residence, Give Street and Number, 240 Albemarle St.

Duration of Residence in Baltimore, 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 46 years, 2 months, ——— days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Italy

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county) Italy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Italy

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Patterra

(Address) 200 Albemarle St.

Filed 1/17 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 15" 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1908 to Jan. 15 1909 that I last saw her alive on Jan. 15 1909 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Cardiac Dilatation

Instant (DURATION)

Contributory (Primary) Chronic Nephritis and Myocarditis (DURATION) 150 DAYS

(Signed) Eugene L. Pennington M. D.

Address 2514 E. Baltimore St

Date Jan. 17 1909

Place of Burial St. Vincent's Cem.

Date Jan. 18" 1909

Undertaker Grundell, Lippel & Son

Address 330 S. Bond St.

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

C18820

Registered No. C 18820

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 811 Eastern Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annaselia Picciati

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 62 years, ... months, ... days

~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county) Italy

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county) Italy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Italy

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Patterra

(Address) 200 Albemarle St.

Filed 1/17 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 16" 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 15 1909

that I last saw her alive on Jan 15 1909

and that death occurred, on the date stated above, at 8.25 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Mitral Regurgitation

Acute Gastritis

(DURATION) ..... DAYS

Contributory (Primary)

Asthenia (DURATION) ..... DAYS

(Signed) Anthony L. Ciccarelli M. D.

Address 827 Aisquith St

Date Jan 16 1909

Place of Burial St. Vincent's Cem.

Date Jan. 18" 1909

Undertaker Handell Lippel & Son

Address 37 S. Arch St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C18821 Registered No. C C18821

CERTIFICATE OF DEATH.

(Place of Death.) No. 246 Albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Domonick Sartori

Residence, Give Street and Number, 246 Albemarle st.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1

AGE — years, 11 months, 9 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Peter Sartori

BIRTHPLACE OF FATHER (State or county) Italy

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vincent Pietri

(Address) 248 Albemarle st

Filed 1/17 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 15" 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12" 1909 to Jan 15" 1909

that I last saw him alive on Jan 15" 1909

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Toxemia

(DURATION) 6 DAYS

Contributory (Primary) Acute Lobar Pneumonia

and Nephritis (DURATION) 6 DAYS

(Signed) Eugene L. Pascuzzo M. D.

Address 2314 E. Baltimore St

Date Jan 17 1909

Place of Burial St. Vincents Cem.

Date Jan. 17" 1909

Undertaker Mundell Diffenderffer & Son

Address 330 S. Bond st.

Remarks

Ward 7 — C18322 — Registered No. B C18322

CERTIFICATE OF DEATH.

(Place of Death.) No. 1328 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.) 7

Full Name Lena Peck

{Residence, if in Baltimore, Give Street and Number.} 1320 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 8th 1896

AGE: 12 years, 4 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Fred H. Beck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie M. Itzel

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred H. Beck.

(Address) 1320 Eastern Ave

Filed 1/17 1909

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 17th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12th 1909 to Jan 17th 1909

that I last saw h[illegible] alive on Jan 17th 1909,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Scarlet Fever

(DURATION) DAYS

Con'ributory (Primary) Coma

(DURATION) DAYS

(Signed) R. S. Kyle M.D.

Address 1610 E. Fulton St

Date Balto. Jan 17/ 1909

Place of Burial London Park

Date Jan. 17th 1909

Undertaker J. Sander Sons

Address 1700 Canton Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C18823 Registered No. B C18823

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Bond 64

{Residence, if in Baltimore, Give Street and Number.} N. Gay St Board

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ... 1

AGE 52 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jos Bond.

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Salesman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John F Leonard

Address Md Penitentiary

Filed 1/17 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1909

I HEREBY CERTIFY, That I attended deceased from Jan 14 1909 to Jan 16 1909

that I last saw h[illegible] alive on Jan 16 1909, 11.35 A.M. and that death occurred, on the date stated above, at ... A.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Thos Morgan M.D.

Address 180 E N Charles St

Date Jan 16 1909

Place of Burial ~~Balto~~ Mt Vincent Cemetery

Date Jan 17 1909

Undertaker H. & M. S. Flynn

Address 42 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C18824

Ward 10 C18824 Registered No. B 81

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 First Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Shipley

{Residence, if in Baltimore, Give Street and Number.} 810 First Ave

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 19 1840
AGE	68 years, 11 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Co Md
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Shipley

(Address) 810 First Ave

Filed 1/17 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 15 1909 that I last saw h— alive on Jan 15 1909, and that death occurred, on the date stated above, at 7 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

a Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) Indefinite DAYS

(Signed) C. W. Didinhover M.D.

Address 907 Third ave

Date Jan 16 1909

Place of Burial Mt May Md

Date Jan 17 1909

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward W

Registered No. B C18825

C18825

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 406 Park Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Francis W Hammond

{ Residence, if in Baltimore, Give Street and Number. } 406 Park Ave

Duration of Residence in Baltimore. Four weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1849

AGE: 40 years, — months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Willy Hammond

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Smallwood

(Address) 406 Park ave

Filed 1/17 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday January 17th 1909

I HEREBY CERTIFY, That I attended deceased from January 2nd 1909 to January 17th 1909 that I last saw him alive on January 16 1909, and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Paralysis (DURATION) Days

Contributory (Primary) Albuminuria

about one year (DURATION) DAYS

(Signed) [illegible] M.D.

Address 607 E Chase St

Date January 17th 1909

Place of Burial Mount Olivet Cemetery

Date Jan 18 1909

Undertaker H. C. Brannigan & Son

Address E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore. Registered No. C 18826

C18826

Ward 5

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 412 N. High St

Full Name Michael Goldstein

Residence, Give Street and Number, 412 N. High St

Duration of Residence in Baltimore, (1892)

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH 1

AGE 08 years. ..... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Michel Goldstein

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Lewria

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Goldstein

(Address) 412 N. High St

Filed 1/17 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

Remarks .....

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 17 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h alive on ..... 190 .....

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer Stomach

(DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) U. S. Mary, Coroner M. D.

Address 412 N. High

Date Jan 17 1909

Place of Burial Philadelphia Road Hand run

Date January 17th 1909

Undertaker Max Levinson

Address 1620 Jno. Elderg St

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C18827 ...EY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C 18827

CERTIFICATE OF DEATH.

(Place of Death.) No. Chase & Calvert Sts St. 79 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Koestler

Residence, Give Street and Number, 1022 N. Central Ave.

Duration of Residence in Baltimore, about 48 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: Jacob Koestler

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James M. Koestler

(Address) Hoffman & Eager Sts

Filed 1/17 190 9 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Dwight Carruthers M. D.

Address Jan 16 09

Date Coroners Office 190

Place of Burial Holy Redeemer Cemetery

Date Jan. 17. 190 9

Undertaker Henry Hoerle & Son

Address 1301 E. Eager St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 9X

Registered No. C 18828

C18828

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Reppenhagen

Residence, Give Street and Number, 500 W. 121st St New York City

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Highland Falls N. York

FULL NAME OF FATHER M. E. Reppenhagen

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER ~~Ernest~~ Angie Stewart

BIRTHPLACE OF MOTHER (State or county) Highland Falls N. Y.

OCCUPATION OF DECEASED Assistant Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. M. E. Reppenhagen

(Address) Highland Falls N. Y.

Filed 1/17 190 9

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 16 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 16 1909

that I last saw h[illegible] alive on Jan 16 1909

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Intestinal hemorrhage

(DURATION) DAYS

Contributory (Primary) Typhoid

(DURATION) DAYS

(Signed) Dr. E. Wilkinson M. D.

Address St Josephs Hospital

Date Jan 16 1909

Place of Burial Highland Falls New York

Date Jan. 18 1909

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 18829 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1635. N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A. Kelley

Residence, Give Street and Number, 1635. N. Franklin

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH Nov. 1, 1864

AGE 44 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER John McDonald

BIRTHPLACE OF FATHER (State or county) Baltimore

MAIDEN NAME OF MOTHER Fitzpatrick

BIRTHPLACE OF MOTHER (State or county) Baltimore

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Claud. Fehlmeyer

(Address) 1625 W. Franklin St

Filed Jany 17 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 15 1909

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Jan 15 1909

that I last saw h Ex alive on Jan 15 1909

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Hypostatic Pneumonia

(DURATION) 15 DAYS

Contributory (Primary) Hemiplegia

(DURATION) 6 DAYS

(Signed) Howard. Kahn M. D.

Address 1902 E. Monument St

Date 1/16 1909

Place of Burial New Cathedral Cemetery

Date Jan - 18 1909

Undertaker Wm. C. Ticknor & Sons

Address Camden & Paca Sts

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18830

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 815 N. Bradfords St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Salvia Coufas

Residence, Give Street and Number, 815 N. Bradfords

Duration of Residence in Baltimore, 36 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W

DATE OF BIRTH —

AGE 81 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Austria

FULL NAME OF FATHER Jos Coufal

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank. Coufal.

(Address) 1700 Fairmount Ave

Filed Jany 17 190 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 16 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Brights Disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Carullo M. D.

Address Corner Reed

Date Jan 17 09 190

Place of Burial St Adalbert Church

Date Jany 18 1909

Undertaker Gott Brothers

Address 1442 Broadway

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... C18831 Registered No. B C18831

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Case

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. ..

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Rev Welby Brown

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rosalea Dunn

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/18 1909 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 15 1909

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Jany 15 1909 that I last saw her alive on Jany 15 1909, and that death occurred, on the date stated above, at 9.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) 3 DAYS

Contributory (Primary.) Broncho Pneumonia (DURATION) DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Hospital

Date January - 15 1909

Place of Burial Mt Auburn

Date January 18 1909

Undertaker Alex H Mosley

Address 578 W Biddle St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 18832 93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18832

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 2505 E. North av. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Sophie Hilsher

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	Unknown (Month) (Day) (Year)
AGE	67 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Bohemia
FULL NAME OF FATHER	Vaclav Swartz
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Bohemia
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rosa Shomsky

(Address) 1302 E. Baltimore st.

HARRY C. ANDREWS, PERMIT CLERK.

Filed 1/18 1909 Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 16th 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1909 to Jan. 15th 1909 that I last saw h alive on Jan. 15th 1909, and that death occurred, on the date stated above, at 5:30 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 16 DAYS

Contributory (DURATION) DAYS

(Signed) Leo Baldwin M. D.

Jan. 16th 1909 (Address) 700 W. Lafayette av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Redeemer

DATE OF BURIAL Jan 19 1909

UNDERTAKER Frank Enoch and Son

ADDRESS 1904 E. Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C18833

C18833

CERTIFICATE OF DEATH. 114

(Place of Death.) No. Nursery and Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha Vavra

{Residence, if in Baltimore, Give Street and Number.} 2426 E Monument St

Duration of Residence in Baltimore. 1-2

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 19 1908

AGE: ..... years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael Vavra

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Hosick

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Biddle

(Address) Nursery & Childs Hosp.

Filed 1/18 1909

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6 1909 to Jan 16 1909 that I last saw h-- alive on Jan 16 1909, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or immediate)

Marasmus.

(DURATION) Life DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. L. Burton M.D.

Address 2226 E Monument St

Date January 17 1909

Place of Burial Loudon Park Cem

Date Jan 18 1909

Undertaker Frank Brach and Son

Address 1914 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the

Ward 10 C18834 Registered No. B C18834

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1641 W. Laurel St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lavenia Insley Insley

{ Residence, if in Baltimore, Give Street and Number. } 1641 W. Laurel St.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 17 1828

AGE: 81 years, lacking one day. months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Philip John Insley.

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Mary Anne Grace.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth L. Insley

(Address) 1641 W. Laurel St

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 16 1909

I HEREBY CERTIFY, That I attended deceased from Dec 30 1908 to Jan 16 1909 that I last saw her alive on Jan 16 1909, and that death occurred, on the date stated above, at 10.55 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

a few minutes (DURATION) DAYS

Contributory (Primary.) Nephritis & Heart Disease, Unknown (DURATION) DAYS

(Signed) W. L. Ingram M.D.

Address 10 W North Ave

Date Jan 16 1909

Place of Burial Baltimore

Date Jan 18/1909 190

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C18835 — Registered No. C C18835

CERTIFICATE OF DEATH.

(Place of Death.) No. 2123 Jefferson St St. 1/20

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaretta J Isaacs

Residence, Give Street and Number, 2123 Jefferson St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: Feb 11 1841

AGE: 67 years, 11 months, — days

~~SINGLE~~, MARRIED, WIDOWED OR ~~DIVORCED~~. Widowed

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Jacob Cook

BIRTHPLACE OF FATHER (State or county): Baltimore Md

MAIDEN NAME OF MOTHER: Unknow

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F Turner

(Address) 322 E Lanvale St

Filed 1/18 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 16 1909

I HEREBY CERTIFY, That I attended deceased from Dec 29 1907 to January 16 1909

that I last saw her alive on January 15 1909

and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Nephritis (DURATION) 1 Yr 2 Mos DAYS

Contributory (Primary) Anaemia (DURATION) — DAYS

(Signed) W A Fair M. D.

Address 12 E 25th

Date January 16 1909

Place of Burial Greenmount

Date Jan 19 1909 190

Undertaker Tom Cook

Address 502 E Northave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C18836

Registered No. C C18836

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 509 N Glover St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse E Sullens

Residence, Give Street and Number, 509 N Glover

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Nov 9 1861

AGE 47 years, 2 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER David Sullens

BIRTHPLACE OF FATHER (State or county) Pa

MAIDEN NAME OF MOTHER Mary J Reese

BIRTHPLACE OF MOTHER (State or county) Pa

OCCUPATION OF DECEASED Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie McSullens

(Address) 509 N Glover St

Filed 1/18 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 15 1909

that I last saw him alive on Jan 14 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Rheumatism

(DURATION) 1 year DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J H Cunham M. D.

Address 1303 Lydia St

Date Jan 15 1909

Place of Burial Mt Carmel

Date Jan 17 1909

Undertaker Tom Coon

Address 5026 North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. C 188370

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. **B**.....

City of Baltimore, (No. 429, Lohitridge Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert H Milliken

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mch (Month) 22 (Day) 1838 (Year)

AGE: 70 years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Milliken

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Corey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Shirt Mfg.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert C. Milliken

(Address) 731 Jefferson St.

Filed 1/18 1909 HARRY C. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 16 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 8 1909 to Jany 16 1909 that I last saw h m alive on Jany 16 1909, and that death occurred, on the date stated above, at 1.45 P. M. The CAUSE OF DEATH was as follows:

Grip

(DURATION) 14 DAYS

Contributory Hypostat Pneumonia

(DURATION) 6 DAYS

(Signed) Amen Macadmon M. D.

Jany 17 1909 (Address) 1107 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Jany 18 1909

UNDERTAKER: E. M. Mitchell — ADDRESS: 120 N. Fayette

WM. J. MURPHY'S SONS, PERMIT CLERK.

WM. J. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

C18838

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1318 W Lex at St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriet S. Heath

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH Feby (Month) 5 (Day) 1832 (Year)

AGE 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Conn

FULL NAME OF FATHER Saml Chapin

BIRTHPLACE OF FATHER (State or country) Conn

MAIDEN NAME OF MOTHER Achsah Fuller

BIRTHPLACE OF MOTHER (State or country) Mass

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Heath

(Address) 1318 W Lex St

Filed 1/18 1909

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 15th (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 10 1909 to Jany 15 1909 that I last saw h.. alive on Jany 15 1909, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows: —

Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Geo H. Ryder M. D.

Jan 17 1909 (Address) 1700 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Green Mount — DATE OF BURIAL Jan 18 1909

UNDERTAKER E M Mitchell — ADDRESS 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 Registered No. B C18839

C18839

CERTIFICATE OF DEATH. 10

(Place of Death.) No. 2324 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jane Holbrow Quartley

{Residence, if in Baltimore, Give Street and Number.} 2324 Madison av

Duration of Residence in Baltimore. 48 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 12 1835

AGE 73 years, 6 months, 4 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Thomas H. Robertson

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Judith Holbrow

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. G. Quartley

(Address) 2324 Madison Ave

Filed 1/18 1909 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 10 1909 to Jan 16 1909 that I last saw her alive on Jan 16 1909, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart exhaustion

from poison of La Grippe

(DURATION) 6 DAYS

Contributory (Primary.) La Grippe

(DURATION) DAYS

(Signed) Chas. O. Sadtler M.D.

Address 1415 Linden av

Date Jan 16th 1909

Place of Burial London Park

Date Jan 18 1909

Undertaker Chas. E. Francis

Address 746 N. Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C18840

Registered No. C C18840

CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 Penna. Ave. St. 93

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Peterson

Residence, Give Street and Number, 1425 Penna. Ave.

Duration of Residence in Baltimore, Unknown

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown

AGE: About 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): do

MAIDEN NAME OF MOTHER: do

BIRTHPLACE OF MOTHER (State or county): do

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Etta Peterson

(Address) 1425 Penna. Ave.

Filed 1/18 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan. 14 1909.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 2 weeks

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Richard Brendtro M. D.

Address 700 N. Laf. Ave. (Corner)

Date Jan 15 1909

Place of Burial COLLEGE OF P. & S.

Date JAN 16 1909 1909

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C18841 Registered No. B C18841

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 N. Patterson Park Av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank. G. Neubert

{Residence, if in Baltimore, Give Street and Number.} 527 N. Patterson Park Av

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 1 1908

AGE — years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Frank Neubert

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Ida Ruby

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Neubert (Father)

(Address) 527 N. Patterson Park Av

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16 1909

I HEREBY CERTIFY, That I attended deceased from Jan 7 1909 to Jan 16 1909 that I last saw him alive on Jan 15 1909, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scald on the neck and chest

(Accidental A.D.)

(DURATION) 9 DAYS

Contributory (Primary.) Secondary Shock and Exhaustion (DURATION) 3 DAYS

(Signed) A. E. Eisenberg M.D.

Address 2213 Orleans St

Date Jan 16 1909

Place of Burial Holy Redeemer Cemetary

Date Jan 18 09 190

Undertaker Christian Miller

Address 233 E Jefferson St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Mk. Frances Crowe Jan 17/09

Ward 1 C18842 Registered No. B C18842

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 504 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm G. Schiller

{Residence, if in Baltimore, Give Street and Number.} 504 N. Milton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 24 1908

AGE 1 years, 2 months, 24 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER George Schiller Jr

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Clara Dombrake

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Schiller

(Address) 504 N. Milton Ave

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1909 to Jan 17 1909 that I last saw him alive on " " 190 , and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis & meningitis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 176 Milton Ave

Date Jan. 19 1909

Place of Burial Immanuel Cemetery

Date January 19/09 190

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18843 Registered No. B C18843

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1820 Aliciana St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A W Brockmann

{Residence, if in Baltimore, Give Street and Number.} 1820 Aliciana St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 7th 1856

AGE 52 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frederick Shaffer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Williams

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Brockmann

(Address) 1820 Aliciana St

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 15 1909

I HEREBY CERTIFY, That I attended deceased from Nov 1 1908 to January 15 1909 that I last saw h alive on January 14 1909, and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis with Mitral Heart Disease

(DURATION) 3 months DAYS

Contributory (Primary) Dropsy

(DURATION) 14 DAYS

(Signed) Julius Friedmann M.D.

Address 1013 N Charles St

Date Baltimore Jan 18 1909

Place of Burial St Paul's Cem

Date Jan 18 1909

Undertaker H. Sander Sons

Address 1710 Canton Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C18844

City of Baltimore, (No. 1306, Holbrook St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stephen J. O'Neill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: 56 years, 4 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Philadelphia Pa	
FULL NAME OF FATHER: Stephen O'Neill	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Mary O'Neill	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Asst. Supt. Police	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1220 W. Lombard

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 15th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 22 1908 to January 15 1909 that I last saw him alive on January 15 1909, and that death occurred, on the date stated above, at 8:10 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis Meningitis (DURATION) 10 DAYS

Contributory Tuberculosis Pleurisy and Tuberculosis (DURATION) 10 DAYS

(Signed) Jos. C. Sundan M. D.

Jan 16 1909 (Address) 1823 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
at Fields	Jan 19th 1909
UNDERTAKER: John Fields	ADDRESS: 1220 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Ward 0 C18845 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jarrie L. Gallagher

{ Residence, if in Baltimore, Give Street and Number. } 1635 ~~Hopkinsley~~ Hicksley Place.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 21 1

AGE 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick Gallagher

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Gorden

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine E. Gallagher

(Address) 1635 Hicksley Pl

Filed 1/18 1909 MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1908 to Jan. 15 1909 that I last saw h im alive on Jan. 15 1909, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Pneumonic

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J Schmitt M.D.

Address City Hospital

Date Jan. 15 1909

Place of Burial New Cathedral.

Date Jany 19 1909

Undertaker Robt Skinner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C18846 Registered No. C C18846

CERTIFICATE OF DEATH.

(Place of Death.) No. 1212 E. Preston St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Granville T. Currier

Residence, Give Street and Number, 1212 E Preston

Duration of Residence in Baltimore, 50 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Sept 29 1838

AGE 70 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Cecil Co Md

FULL NAME OF FATHER John Currier

BIRTHPLACE OF FATHER (State or county) Cecil Co Md

MAIDEN NAME OF MOTHER Margaret Laughlin

BIRTHPLACE OF MOTHER (State or county) Cecil Co Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Currier

(Address) 1212 E Preston

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 17 1909

I HEREBY CERTIFY, That I attended deceased from July 17 1908 to Jan 17 1909

that I last saw him alive on Jan 16 1909

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Heart disease

(DURATION) DAYS

(Signed) J. B. Hessen M. D.

Address 124 N Pat Park Ave

Date Jan 17 1909

Place of Burial Oak Lawn Cemetery

Date January 20 1909

Undertaker Robt J Lennon

Address 1442 W Pratt

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C18847

Ward 6 Registered No. C

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1609 Oreeans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Spencer

Residence, Give Street and Number, 1609 Oreeans St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR B

DATE OF BIRTH 1

AGE 31 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county) Baete Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Jackson

(Address) 1609 Oreeans St

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 13 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ~~alive~~ on 190

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonic Pneumonia

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Geo E. Caulfield M. D.

Address Coroners Office

Date Jan 17 09 1909

Place of Burial Laurel

Date January 18 1909

Undertaker W. T. Talbert

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

§ Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C18848 Registered No. C C18848

CERTIFICATE OF DEATH.

(Place of Death.) No. 166 East St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Wilmore

Residence, Give Street and Number, 166 East St

Duration of Residence in Baltimore, Born

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male COLOR: Mulard

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Perry Wilmore

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Hannah Wilmore

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth Wilmore

(Address) 166 East St

Filed 1/18 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 14 1909

I HEREBY CERTIFY, That I attended deceased from Jan 2 1909 to Jan 14 1909 that I last saw him alive on Jan 14 1909 and that death occurred, on the date stated above, at 5 P M. CAUSE OF DEATH (Secondary or Immediate,)

Pul Hemorrhage

Sudden death (DURATION) DAYS

Contributory (Primary) Phthisis Pulmonalis about 6 mos (DURATION) DAYS

(Signed) W. J. Hunter M. D.

Address 1344 Druid Hill Ave

Date Jan 15 1909

Place of Burial Mt. Zion

Date Jan 18th 1909

Undertaker R. F. Elliott

Address 502 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

§ Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... C18849 Registered No. B C18849

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 526 St. Mary's Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Curry

{Residence, if in Baltimore, Give Street and Number.} 526 St. Mary's St.

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Blk.
DATE OF BIRTH	July 16th 1884
AGE	24 years, 6 months, days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	William A. Curry
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Mary L. Upshur
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Johnson

(Address) 526 St Mary St

Filed 1/18 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 16th 1908

I HEREBY CERTIFY, That I attended deceased from November 28 1908 to January 16th 1909 that I last saw h alive on January 5th 1909, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION)

Contributory (Primary.) Pulmonary tuberculosis (DURATION) 1 year ~~DAYS~~

(Signed) Bertha E. Jaffmann M.D.

Address 2725 York Road.

Date Jan 16th 1909

Place of Burial Laurel

Date January 18 1909

Undertaker R. A. Elliott

Address 502 E Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13

HEALTH DEPARTMENT, City of Baltimore.

C18850 Registered No. C C18850

CERTIFICATE OF DEATH.

(Place of Death.) No. 510 - First Ave Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Higgins

Residence, Give Street and Number, 510 First Ave

Duration of Residence in Baltimore, 16 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH Feb 1851

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Philadelphia.

FULL NAME OF FATHER John. Malady.

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Margaret. Tracy

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Owen. Higgins.

(Address) 510 First Ave

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 16th 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 8 1908 to Jan. 16th 1909

that I last saw her alive on Jan. 14 1909

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemic coma

(DURATION) 2 DAYS

Contributory (Primary) Chronic nephritis

Several years. (DURATION) ..... DAYS

(Signed) E. L. Whitney M. D.

Address 1103 Linden Ave

Date Jan. 18th 1909

Place of Burial Winchester. Va.

Date Jan 20th. 1909

Undertaker Wm. E. Chenoweth & Son

Address 919 - 3rd Ave. Hampden

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 4

HEALTH DEPARTMENT, City of Baltimore.

C18851

Registered No. C 18851

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 Carroll ave. Waverly St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry St. Geisel

Residence, Give Street and Number, 121 Carroll ave. Waverly

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: June 25th 1881

AGE: 27 years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: Christian Geisel

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Christina Gernand

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Compositor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Geisel Father

(Address) 121 Carroll ave.

Filed 1/18 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jany. 17th 1909

I HEREBY CERTIFY, That I attended deceased from April 1906 to Jany. 17th 1909

that I last saw him alive on Jany. 15th 1909

and that death occurred, on the date stated above, at 9.45 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion from Syncope.

(DURATION) 2 DAYS

Contributory (Primary) Pulmonary Tuberculosis

2 Yrs. 9 Months (DURATION) ~~DAYS~~

(Signed) William Pillsbury M. D.

Address 2601 York Road

Date Jany. 19th 1909

Place of Burial London Park

Date Jan 19 1909

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 18 C18852 Registered No. B C18852

CERTIFICATE OF DEATH.

150c

(Place of Death.) No. 900 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raymond H. Brenn.

{ Residence, if in Baltimore, Give Street and Number. } 900 W Lombard

Duration of Residence in Baltimore. 3 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Leo Brenn

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mat Kramer

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Freymann

(Address) 900 W Lombard St

Filed 1/18 1909 JAMES C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 17 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1908 to Jan 17 1909, that I last saw h in alive on Jan 16 1909, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion due to Malnutrition

(DURATION) 3 mos. DAYS

Contributory (Primary) Congenital defect of gastro intestinal tract. 3 mos

(DURATION) DAYS

(Signed) M. L. Todd. M.D.

Address 1202 E. Monument.

Date Jan 17 1909

Place of Burial St Peters

Date JAN 18 1909 190

Undertaker Wm J Schilling

Address 9 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C18853 Registered No. B C18853

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2008 Mondmonier Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name michal Pilachowski

{Residence, if in Baltimore, Give Street and Number.} 2008 Mondmonier Court

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 21 1828

AGE: 80 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: michl Pilachowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Monika

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Pilachowski

(Address) 407 S. Chapel st

Filed 1/18 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Janur 18 1909

I HEREBY CERTIFY, That I attended deceased from Janur 14 1909 to Janur 14 1909 that I last saw h[illegible] alive on Janur 14 1909, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Old age (DURATION) 1 Yr. DAYS

Contributory (Primary.) Cardiac

Debilitas (DURATION) 1 Hour DAYS

(Signed) J. J. Emmanuel M.D.

Address 1713 Bank St

Date Janur 19 1909

Place of Burial St Stanislaus

Date Wednesday Janr 20 1909

Undertaker M. J. Sadowski

Address 703 S Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18854 Registered No. B C18854

45

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 N Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Edward Ballauf

{ Residence, if in Baltimore, Give Street and Number. } 1509 N. Caroline st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 28th 1841

AGE: 67 years, 10 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Augustus F. Ballauf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Dehoff

BIRTHPLACE OF ~~MOTHER~~ (State or country): Germany Maryland

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son Ormsby M Ballauf

(Address) 1509 N Caroline st

Filed 1/18 1909

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 17 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6 1909 to Jan 17 1909 that I last saw him alive on Jan 16 1909, and that death occurred, on the date stated above, at 12.0 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion + Heart failure

(DURATION) 7 DAYS

Contributory (Primary.) Round cell Sarcoma

(DURATION) 10 months

(Signed) R G Davis M.D.

Address 1507 N Caroline St

Date Jan 17th 1909

Place of Burial Greenmount Cemetery

Date January 19th 1909

Undertaker George Schilling + Son

Address 1126 E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

C18855 Registered No. C C18855

CERTIFICATE OF DEATH.

(Place of Death.) No. 634 N Bruce St. 15

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie E. Sheppard

Residence, Give Street and Number, 634 N Bruce St

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX female | COLOR colored

DATE OF BIRTH

AGE 1 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER George A Sheppard

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Nancy Jane

BIRTHPLACE OF MOTHER (State or county) Balto. County

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A. Sheppard

(Address) 634 N Bruce St

Filed 1/18 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 16th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12 1909 to Jan 16 1909

that I last saw h[illegible] alive on Jan 16 1909

and that death occurred, on the date stated above, at 10 00 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Lack of Care

(DURATION) 10 DAYS

Contributory (Primary) Prematurity

(DURATION) DAYS

(Signed) W. Hammond M. D.

Address 1633 N Fremont St

Date Jan 17th 1909

Place of Burial Mt Auburn

Date January 19 1909

Undertaker John J. Curran

Address 901 Hollins St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C18856 Registered No. B C18856

CERTIFICATE OF DEATH. 09

(Place of Death.) No. 1102 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James M. Rendell

{Residence, if in Baltimore, Give Street and Number.} 1102 E Monument st

Duration of Residence in Baltimore. 29 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 9 1842

AGE: 66 years, 5 months, 7 days

~~SINGLE, MARRIED,~~ WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: Abram Rendell

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Ann

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine E. Hare

(Address) 1102 E. Monument st

Filed 1/18 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 30 1908 to Jan 17 1909 that I last saw h in alive on Jan 16 1909, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

Chronic dilatation (DURATION) of heart DAYS

Contributory (Primary) due to a Mitral Regurgitation (DURATION) DAYS

(Signed) M. L. Gadd M.D.

Address 1202 E Monument St.

Date Jan. 17 1909

Place of Burial Baltimore, Md.

Date JAN 19 1909 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 44

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C18857

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rudolph Mahle

Residence, Give Street and Number, Putnam Manual Labor School

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 12 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

—

(Informant) .....

(Address) —

Filed 1/18 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 17 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6 1909 to Jan 17 1909

that I last saw h.. alive on Jan 17 1909

and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia

..... (DURATION) 10 DAYS

Contributory (primary) Typhoid Fever

Gunshot — (DURATION) ..... DAYS

(Signed) W Bird M. D.

Address University Hospital

Date Jan 17 1909

Place of Burial LOUDON PARK.

Date JAN 19 1909 190

Undertaker Armstrong Denny Co.

Address 718 Light Street

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C18858 — Registered No. C C18858

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1507 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Molz.

Residence, Give Street and Number, 1507 Aisquith St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Otto Molz.

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Creszenz Hemminger

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Otto Molz

(Address) 1507 Aisquith St

Filed 1/18 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 16th 1909

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1908 to Jany 16th 1909

that I last saw h Et alive on Jany 16th 1909

and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

(DURATION) 3 months

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) S. D. Stone M. D.

Address 1501 E Eager St

Date Jany 17th 1909

Place of Burial Holy Redeemer Cemetery

Date Jan. 19th 1909

Undertaker Henry Stocks & Son

Address 130 E. Eager St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 — Registered No. C 18859

CERTIFICATE OF DEATH.

(Place of Death.) No. Boyce Union Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ollie L. Mels

Residence, Give Street and Number, 1027 Milton St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH 1

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday BAY VIEW ASYLUM.

(Address)

Filed 1/18 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 16 1909

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Jan 16 1909

that I last saw him alive on Jan 16 1909

and that death occurred, on the date stated above, at 9 15 M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Croupous

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) H H Sale M. D.

Address Boyce Union Hospital

Date Jan 17 1909

Place of Burial Baltimore Cemetery

Date Jan 19th 1909 190

Undertaker Henry Stasch & Son

Address 1301 E Eager St

Remarks

Ward 1 C18860 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. ~~Evelyn M Peake~~ 2406 Edmondson St. ave

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Evelyn M Peake

{ Residence, if in Baltimore, Give Street and Number. } 2406 W. Edmondson ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1909

AGE 2 Weeks
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. D. Peake

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. D. Peake

(Address) 2406 W. Edmondson Ave

Filed 1/18 1909 HARRY C. ANDREWS; PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 17 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 17 1909 that I last saw h[illegible] alive on Jan 17 1909, and that death occurred, on the date stated above, at 1230 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L E Beuck M.D.

Address

Date 190

Place of Burial New Cathedral Cemetery

Date Jan 19th 1909

Undertaker H. C. Brauninger & Son

Address S.E. Cor Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. C C18861

CERTIFICATE OF DEATH.

79

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael J. McGraw.

Residence, Give Street and Number, 916 Hillman St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male. COLOR White

DATE OF BIRTH June 10 1

AGE 54 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Island

FULL NAME OF FATHER James Mc Graw

BIRTHPLACE OF FATHER (State or county) Island.

MAIDEN NAME OF MOTHER Mulvinon

BIRTHPLACE OF MOTHER (State or county) Island.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Lyons.

(Address) 916 Hillman St.

Filed Jany 18 1909 HARRY C. ANDRAE Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 18 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 18 1909

that I last saw h saw alive on Jan 18 1909

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate,)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Mitral and Aortic Insufficiency (DURATION) DAYS

(Signed) H. E. Wilkinson M. D.

Address St Joseph's Hospital

Date January 18 1909

Place of Burial Cathedral

Date Jan 18- 1909

Undertaker H. Cook.

Address 502 Eutaw ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 Registered No. B C18862

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 S. Durham St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Sucky

{ Residence, if in Baltimore, Give Street and Number. } # 418 S. Durham St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 30 1908

AGE ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Sucky

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Apolonia Cwik

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Sucky

(Address) 418 S. Durham

Filed Jan 18, 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1909 to Jan. 18 1909 that I last saw h[illegible] alive on Jan. 18 1909, and that death occurred, on the date stated above, at 12½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Infantile)

6 hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Jan. 18th, 1909

Place of Burial Holy Rosary

Date Jan 19 1909

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 10 C18863 Registered No. B C18863

CERTIFICATE OF DEATH.

(Place of Death.) No. 647 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 19

Full Name Edmund A. Geary

{ Residence, if in Baltimore, Give Street and Number. } 334 N. Carrollton Ave.

Duration of Residence in Baltimore. One year

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec. 6th 1833
AGE	75 years, 1 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	George Geary
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Deane
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lottie Geary

(Address) 334 Carrollton Ave.

Filed 1/19 1909 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1909

I HEREBY CERTIFY, That I attended deceased from as Corner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J. Magnus M.D.

Address 1002 W Lafayette Ave

Date Jan 18 1909

Place of Burial Rock Hall Md

Date Jan - 21st 1909

Undertaker Wm M Gaulbert

Address 907 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18864 Registered No. B C18864

93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Scott

{Residence, if in Baltimore, Give Street and Number.} 18 South Register Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: ——— years, 15 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Scott

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Hattie Mitchell

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Stone

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother.

(Address) 18 S. Register St.

Filed 1/19 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17" 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 10 1909 to Jan. 17" 1909

that I last saw him alive on Jan 17" 1909

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute lobar pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. W. Edwards M.D.

Address Johns Hopkins Hospital

Date Jan 17" 1909

Place of Burial Asbury Cem.

Date January 19th 1909

Undertaker Harry K Vodery

Address Towson Md.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18865 Registered No. B C18865

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1324 N. Carey St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sarah Gurry

{ Residence, if in Baltimore, Give Street and Number. } 1324 N. Carey St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Jan 16 1909

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Gurry

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Cora Goos

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Gurry

(Address) 1324 N. Carey St.

Filed 1/19 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 16 1909

I HEREBY CERTIFY, That I attended deceased from Jan 16 1909 to Jan 16 1909

that I last saw h[illegible] alive on Jan 16 1909 at [illegible]

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. E. Daugherty M.D.

Address 1625 Pennsylvania

Date Jan 17 1909

Place of Burial [illegible] JAN 18 1909

Date 190

Undertaker Commissioner Health

Per Wm F. Woos

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

13

Ward 9 — Registered No. B C18866

C18866

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Benny

{ Residence, if in Baltimore, Give Street and Number. } 243 N. Montford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 57 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Eloy Benny

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Benny

(Address) 202 N. Montford ave

Filed 1/19 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18" 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 15" 1909 to Jan 18" 1909 that I last saw him alive on Jan 18" 1909, and that death occurred, on the date stated above, at 1" a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) ..... DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date Jan 18" 1909

Place of Burial Mt. Carmel

Date 1/20/08 190...

Undertaker J. Henry Han

Address 700 S Allegany Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C18367 Registered No. C C18367

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1525 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelina Barnes

Residence, Give Street and Number, 1525 West Lanvale St

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR White

DATE OF BIRTH Sept 21 1831

AGE 78 years, 4 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore city

FULL NAME OF FATHER John Snavely

BIRTHPLACE OF FATHER (State or county) probably Washington Co Md

MAIDEN NAME OF MOTHER Elizabeth Hutton

BIRTHPLACE OF MOTHER (State or county) probably Baltimore Co Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M Barnes

(Address) 1525 W Lanvale St

Filed 1/19 1908 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 17th 1909

I HEREBY CERTIFY, That I attended deceased from 1907 to 1909 at 1525 West Lanvale St

that I last saw her alive on Jan 17th 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia Contributory

6 (DURATION) 7 DAYS

Contributory (Primary) Heart weakness

60 (DURATION) DAYS

(Signed) Wm M Barnes M. D.

Address 1525 West Lanvale St

Date Jan 17th 1909

Place of Burial London Park

Date Jan 19 1909

Undertaker New York Cook

Address 2202 North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C18868 Registered No. C C18868

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1362 N. Calhoun St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A. Carroll

Residence, Give Street and Number, 1362 N. Calhoun St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown / 1

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltd.

FULL NAME OF FATHER: James H. Cheney

BIRTHPLACE OF FATHER (State or county): Ind

MAIDEN NAME OF MOTHER: Sarah Waters

BIRTHPLACE OF MOTHER (State or county): Balt

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. A. Carroll

(Address) 1362 Calhoun St

Filed 1/19 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 15 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

one year (DURATION) ~~DAYS~~

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Lafayette Ave (Coroner)

Date Jan 16 1909

Place of Burial Mt Auburn Cem.

Date Jan 20th 1909

Undertaker Alex Hemsley

Address 578 W. Biddle St

Remarks Time of funeral extended to Jan 20. 1909 - 2 p.m.

Interment Jan 20. M.C.D.

per A.D.T.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 5 C18869 Registered No. B C18869

CERTIFICATE OF DEATH.

93

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gibson

{Residence, if in Baltimore, Give Street and Number.} 643 N. Central ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo Gibson

BIRTHPLACE OF FATHER (State or country): Easton Md

MAIDEN NAME OF MOTHER: Josephine Cooper

BIRTHPLACE OF MOTHER (State or country): Easton Md

OCCUPATION OF DECEASED: Chef

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Gibson

(Address) 611 N. Spring St

Filed 1/19 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 17" 1909

I HEREBY CERTIFY, That I attended deceased from Jan 16 1909 to Jan 17" 1909

that I last saw him alive on Jan 17 1909

and that death occurred, on the date stated above, at 2.05 a. M. CAUSE OF DEATH (Secondary or Immediate

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P W Edwards M.D.

Address Johns Hopkins Hospital

Date January 17 1909

Place of Burial Easton Point Md Talbot Co.

Date Jan 20th 1909

Undertaker J. S. Jackson

Address 1420 Madison St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Cl6870 Registered No. B Cl6870

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1649 Friendsbury Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Guiseppe Colucci

{Residence, if in Baltimore, Give Street and Number.} 1649 Friendsbury Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug 25th 1907
AGE	1 years, 4 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Dominico Colucci
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Rosalia Maggio
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Dominic Colucci

(Address 1649 Friendsbury place

Filed 1/19 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 19 January 1909

I HEREBY CERTIFY, That I attended deceased from 1 January 1909 to 19 January 1909 that I last saw him alive on 18 January 1909, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Joseph Bascone M.D.

Address 204 S. Broadway

Date 19 January 1909

Place of Burial St. Vincent

Date Jan 19th 1909

Undertaker William H. Higdon

Address 851 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C18671 Registered No. B C18671

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 113 S. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest W. Fink

{ Residence, if in Baltimore, Give Street and Number. } 113 S. Fulton ave

Duration of Residence in Baltimore... 40 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 4th 1840

AGE: 68 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ernest Fink

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katie Cafes.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Taylor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Eva Fink

(Address) 113 S. Fulton ave

Filed 1/19 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany. 18th 1909

I HEREBY CERTIFY, That I attended deceased from July 12th 1908 to Jany 18th 1909 that I last saw him alive on Jany 18th 1909, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma

(DURATION) 3 DAYS

Contributory (Primary.) Diabetes

6 mos (DURATION) DAYS

(Signed) E. A. Knorr M.D.

Address 1727 W. Lombard st

Date Jany 19th 1909

Place of Burial Loudon Park

Date Jan 21st 1909

Undertaker C. F. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2602 Hudson St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Antonio Jankowiak

Residence, Give Street and Number, 2602 Hudson St.

Duration of Residence in Baltimore, 8 mos.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore. Md

FULL NAME OF FATHER: Anton Jankowiak

BIRTHPLACE OF FATHER (State or county): German Poland.

MAIDEN NAME OF MOTHER: Mary Szczerzkow.

BIRTHPLACE OF MOTHER (State or county): German Poland.

OCCUPATION OF DECEASED: —0—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jankowiak.

(Address) 2602 Hudson St

Filed 1/19 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 18th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 11 1909 to Jan 18 1909

that I last saw him alive on Jan 13 1909

and that death occurred, on the date stated above, at 1130 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Gastro Enteritis

(DURATION) 7 DAYS

(Signed) Robert. Mulcahy M. D.

Address Christ Church Dispensary

Date Jan 19 1909

Place of Burial St Stanislaus.

Date Wednesday Jany 20th 1909

Undertaker M. T. Sadowski

Address 703 S. Dunn St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 1 C18873 Registered No. B C18873

CERTIFICATE OF DEATH.

(Place of Death.) No. 2228 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Peiz

{Residence, if in Baltimore, Give Street and Number.} 2228 Jefferson st

Duration of Residence in Baltimore. 64 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 21 1840

AGE 68 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Johannes Hammel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Muth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Peiz

(Address) 2228 Jefferson st

Filed 1/19 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18th 1909

I HEREBY CERTIFY, That I attended deceased from January 15th 1909 to January 18th 1909 that I last saw h[illegible] alive on January 18th 1909, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Grippe

(DURATION) 4 DAYS

(Signed) Edw. M. Shipwash M.D.

Address 537 Washington st.

Date January 18th 1909

Place of Burial Immanuel Cemetary

Date January 21/09 190

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) and the **cause and date of death**, of the person deceased, and the **cause and date of death**.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLO

Ward 14 C-18874 Registered No. C 18874

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Duncan

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
F	White

DATE OF BIRTH 1

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of St Francis

(Address) .....

Filed 1/19 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 15th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 15 1909 that I last saw h alive on Jan 15 1909 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date January 19th 1907

Place of Burial Mt Carmel

Date Jan 19 1909

Undertaker Curtis Bahlmann & Sons

Address 1006 Fayette

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes, under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

~~C18874~~ Registered No. C ~~C18874~~ 15

CERTIFICATE OF DEATH. C18875

(Place of Death.) No. St Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Smith

Residence, Give Street and Number, St Vincents Infant Asylum

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
F	Wh

DATE OF BIRTH 1

AGE ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Infant Asylum

(Address)

Filed 1/19 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 15th 1909

I HEREBY CERTIFY, That I attended deceased from June 8 1908 to Jan 15 1909

that I last saw her alive on " " 1909

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

marasmus.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Albert S Martin M. D.

Address

Date January 19th 1909

Place of Burial New Cathedral.

Date January 19th 1909

Undertaker Martin Fahey & Sons.

Address 606 N Fayette Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C18876 Registered No. C C18876 15

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catherine Hart.

Residence, Give Street and Number, St Vincent's Infant Asylum.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F.

COLOR: W.

DATE OF BIRTH: November 6th 1908

AGE: ..... years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of St Vincent's Infant Asylum

(Address)

Filed 1/19 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 16th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 28 1908 to Jan 16 1909 that I last saw h.. alive on Jan 16 1909 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M. D.

Address .....

Date January 19th 1909

Place of Burial Mt Auburn

Date January 19th 1909

Undertaker Martin Bakey & Son

Address 606 N Eutaw St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 18877

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1531 Bolton St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Neale

Residence, Give Street and Number, 1531 Bolton St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. 12 1843

AGE: 65 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore Md.

FULL NAME OF FATHER: Bennett Neale

BIRTHPLACE OF FATHER (State or county): Charles Co Md.

MAIDEN NAME OF MOTHER: A. C. M. Miltenberger

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr L. E. Neale

(Address) 108 E. Read St

Filed Jan 19 1909 HARRY O. ANDREWS Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 19th 1909

I HEREBY CERTIFY, That I attended deceased from Nov 4th 1909 to Jan 19th 1909

that I last saw him alive on Jan 17th 1909

and that death occurred, on the date stated above, at 12.30 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Aortic Aneurism

Several years (DURATION) DAYS

Contributory (Primary)

General Atheroma (DURATION) 2 DAYS

(Signed) L. E. Neale M. D.

Address 108 E. Read St

Date Jan 22 1909

Place of Burial New Cathedral

Date Jany 21st 1909

Undertaker New Jenkins Bon Co

Address 300 N Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

☞SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 1

Registered No. B 21878

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Maryland General Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Wonder.

{ Residence, if in Baltimore, Give Street and Number. } Owings Mills, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): United States

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Wonder

(Address) Owings Mills

Filed Jan 19 1909

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 19 1909

that I last saw h alive on Jan 19 1909,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) — DAYS

Contributory (Primary.) Mitral Regurg

Italian (DURATION) — DAYS

(Signed) S. H. Streett M.D.

Address Md Genl Hosp.

Date Jan 19 1909

Place of Burial Baltimore Cemetery

Date Jan 20 1909

Undertaker McCook

Address 102 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C 18879

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Melville

{ Residence, if in Baltimore, Give Street and Number. } 1235 Brown thers Place

Duration of Residence in Baltimore. 54 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 53 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ — Married.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Saml. J. Melville.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Eliza Steveus

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Jordan.

(Address) 1412 N Edmondson.

Filed Jan 19 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1909

I HEREBY CERTIFY, That I attended deceased from Jan 17 1909 to Jan 19 1909 that I last saw h... alive on Jan 18 1909, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary.) Mitral Regurgitation

(DURATION) Unknown.

(Signed) S. H. Strutt M.D.

Address Md Genl Hosp.

Date Jan 19 1909.

Place of Burial Forsaund Cem.

Date Jan 20/909 1909.

Undertaker Wm Cook

Address 850 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

HEALTH DEPARTMENT, City of Baltimore. C18880

Registered No. C C18880 104

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha White

Residence, Give Street and Number, 709 Town Alley

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Col.

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Howard Brown

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Carrie Clifton

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Brass

(Address) 530 Shaffman st

Filed Jan 19 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan. 16 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 16 1909 to Jan. 16 1909

that I last saw h alive on Jan 16 1909

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

(Child Birth.)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Contracted Pelvis

Pregnancy (DURATION) DAYS

(Signed) Pott. P. Bay- M. D.

Address University Hospital

Date Jan. 18 1909

Place of Burial Mt Auburn Cemetery

Date Jan 20 1909

Undertaker R St Elliott

Address 506 Rogers av

Remarks

Ward .....

Registered No. B C 18881

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 Oxford St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick Queen

{Residence, if in Baltimore, Give Street and Number.} 504 Oxford St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Robert Queen

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Gant

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Emma Queen

(Address) 504 Oxford St

Filed Jan 19 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 18th 1909

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1908 to Jan 18 1909

that I last saw h[illegible] alive on Jan 13 1909

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

Contributory (Primary.) .....

(DURATION) about 120 DAYS

(DURATION) ..... DAYS

(Signed) Chas. J. Keller M.D.

Address 111 W. Monument St

Date Jan 18th 1909

Place of Burial St. Peters Cemetery

Date Jan 20 1909

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C18882

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Mason

{ Residence, if in Baltimore, Give Street and Number. } Grafton W. Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 30 1861
AGE	48 years, — months, — days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	W Va
FULL NAME OF FATHER	Alex Courtney
BIRTHPLACE OF FATHER (State or country)	W. Virginia
MAIDEN NAME OF MOTHER	Sarah M. Simmons
BIRTHPLACE OF MOTHER (State or country)	W. Virginia
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lee Mason

(Address) Grafton W. Va.

Filed Jan 19 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1909

I HEREBY CERTIFY, That I attended deceased from Jan 9" 1909 to Jan 19 1909 that I last saw her alive on Jan 19 1909, and that death occurred, on the date stated above, at 10.58 a. m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Eisenbringer M.D.

Address Johns Hopkins Hospital

Date Jan. 19 1909

Place of Burial Grafton W. Va

Date Jan 20 1909

Undertaker Jas I Edgar & Son

Address 1232 Hillsdale Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. C C18883

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2400 Eager Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George O. Selz

Residence, Give Street and Number, 2400 Eager Place

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER Caspar L. Selz

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Marg. Boehm

BIRTHPLACE OF MOTHER (State or county) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caspar L. Selz

(Address) 2400 Eager Place

Filed Jan 19. 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 18th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1908 to Jan. 18 1909

that I last saw him alive on " 18 1909

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary) Lobar Pneumonia

(DURATION) 3 Days

(Signed) Albert F. Bingemann M. D.

Address 1503 E. North Ave.

Date Jan. 19th. 1909

Place of Burial Holy Redeemer Cem.

Date Jan. 20th 1909

Undertaker Wendell Diffenderffer & Sons

Address 330 S. Bond st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 Registered No. B C18884

CERTIFICATE OF DEATH.

(Place of Death.) No. 319 Roland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Shilling

{Residence, if in Baltimore, Give Street and Number.} 319 Roland Ave

Duration of Residence in Baltimore. 11 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 16 1884

AGE 24 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Carroll Co

FULL NAME OF FATHER Elias B. Shilling

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Emma J Davis

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Mill Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elias B Shilling

(Address) 319 Roland Ave

Filed Jan 14 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to 1909

that I last saw h-- alive on Jan 4 1909, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Indefinite (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Indef. DAYS

(Signed) R. B. Normant M.D.

Address 3548 Chestnut St

Date Jan 19th 1909

Place of Burial Westminster Carroll Co Md

Date Jan 20 1909

Undertaker A. L. Marshall

Address 3539 Lilly Road

WM. J. C. DULANY CO., BALTIMORE.

☞SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward X C18885 Registered No. B 174

CERTIFICATE OF DEATH.

Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ronae Zulick

{ Residence, if in Baltimore, Give Street and Number. } Hautzdale, Pa.

Duration of Residence in Baltimore. 2 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR White

DATE OF BIRTH VIII 17 1905

AGE 3 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Martin Zulick

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hospital authorities

(Address)

Filed 1/20 1909

HARRY C. ADKINS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18 1909

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1908 to Jan. 18 1909 that I last saw h in alive on Jan. 18 1909, and that death occurred, on the date stated above, at 4.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Ether anaesthesia — Respiratory failure.

(DURATION) DAYS

Contributory (Primary.) Necrosis of lower jaw - Erysipelas

(DURATION) DAYS

(Signed) Wm J Schmitz M.D.

Address City Hospitals

Date Jan. 18 1909.

Place of Burial Hautzdale Pa

Date Jan 20 1909

Undertaker Wm J. Fitzsimmons

Address Lamont Pa

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Female Pub

Registered No. B C18886

C18886

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 Maryland Homeopathic Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate L. Brennan

{Residence, if in Baltimore, Give Street and Number.} 1529 Myrtle Ave.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1856

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brennan

(Address) 1529 Myrtle Ave

Filed 1/20 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 20 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 16 1909 to Jan. 20 1909 that I last saw her alive on Jan. 20 1909, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Fulminating appendicitis

& Nephritis

(DURATION) 3 DAYS

Contributory (Primary.) Uraemic Coma

(DURATION) 1 DAYS

(Signed) Henry H. Weinberger M.D.

Address Maryland Homeopathic Hospital Resident Physician

Date Jan. 20, 1909

Place of Burial New Cathedral

Date Jany 22nd 1908

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B C18887

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C18887
CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital Balto., Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wolf Caplan,

{Residence, if in Baltimore, Give Street and Number.} 179 N. Exeter St

Duration of Residence in Baltimore. two years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Philip Caplan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gittle Caplan

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) L Caplan

(Address) 4277 Exeter st

Filed 1/20 1909 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1909

I HEREBY CERTIFY, That I attended deceased from Jan 17 1909 to Jan 19 1909

that I last saw him alive on Jan 19 1909,

and that death occurred, on the date stated above, at 1 30

M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 1 DAYS

Contributory (Primary) Intestinal Obstruction (DURATION) 2 DAYS

(Signed) Isidore Singer M.D.

Address Hebrew Hospital

Date Jan 19 1909

Place of Burial Hebrew Herring Run

Date Jan. 20 1909

Undertaker Max Linzer

Address 1820 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C18888

C18888
CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 E. Fort av St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Luther Edward Bazimore

{ Residence, if in Baltimore, Give Street and Number. } 1102 E. Fort Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 23 1908

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Luther Bazemore

BIRTHPLACE OF FATHER (State or country) Bertie Co. N.C.

MAIDEN NAME OF MOTHER Minnie L Chaillet

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luther Bazimore

(Address) 1102 E. Fort Ave

Filed 1/20 1909 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1909

I HEREBY CERTIFY, That I attended deceased from Jan 18 1909 a.m. to Jan 18 1909 a.m. that I last saw him alive on Jan 18 1909, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Convulsions

(DURATION) 1 DAYS

(Signed) E. Judson Miller M.D.

Address 2435 Edmondson Av.

Date January 19 1909.

Place of Burial St. Pauls Cem St. Matthews

Date Jan 20th 1909

Undertaker Jos. Stantelecok

Address 318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C18889 Registered No. C C18889

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 100 W Cerrut St. (If Death occurred in Hospital or Institution; give its Name instead of Street and Number.)

Full Name Algee Garland C

Residence, Give Street and Number, 1100 W Cerrut St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR Colored

DATE OF BIRTH October 27 1905

AGE ____ years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Edward Garland C

BIRTHPLACE OF FATHER (State or county) Va.

MAIDEN NAME OF MOTHER Ella Price C

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Price C (mother)

(Address) 26 W Cerrut St

Filed 1/20 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 18 1909

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h____ alive on ____ 190

and that death occurred, on the date stated above, at 12.10 M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus.

(DURATION) ____ DAYS

Contributory (Primary) ____

(DURATION) ____ DAYS

(Signed) Otto M Heintzelman M. D.

Address Coroner

Date January 19 1909

UNIVERSITY OF MARYLAND

Place of Burial ____

JAN 19 1909

Date ____ 190

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address ____

Remarks City to bury. Gift

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

C18890

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

154

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18890

City of Baltimore, (No. 2318, Penna Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: about 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Betz

(Address) 2318 Penna ave

Filed 1/20 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 19 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 11 1909 to Jan 19 1909 that I last saw her alive on Jan 19 1909, and that death occurred, on the date stated above, at 1-15 P. M. The CAUSE OF DEATH was as follows:

Old age (DURATION) 8 DAYS

Contributory General Debility (DURATION) ? DAYS

(Signed) L. F. Frey M. D.

Jan 19 1909 (Address) 2446 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Jany 22 1909

UNDERTAKER: Chas P Lautice — ADDRESS: 548 Mosher St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C18891 Registered No. B C18891

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name M George Slee

{Residence, if in Baltimore, Give Street and Number.} 2327 Madison Ave

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 19 1892

AGE: 16 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: N Tip Slee

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sadie Price

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N Tip Slee

(Address) 2327 Madison

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1909

I HEREBY CERTIFY, That I attended deceased from 11.30 AM Jan 19th 1909 to 4.30 PM Jan 19th 1909

that I last saw h alive on Jan 19th 1909,

and that death occurred, on the date stated above, at 4.32 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

O K Hurley C P Lake MD Coroner

(DURATION) DAYS

Contributory (Primary.) Ruptured Kidney

from injury (DURATION) DAYS

(Signed) Henry B Kolb M.D.

Address Franklin Square Hospital

Date Jan 19th 1909

Place of Burial Greenmount

Date Jan 21 1909

Undertaker W J Tuckerton Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Struck a live wire while crossing on Druid Hill Pk - Accidentally

Death a Det - A.D.S.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 Registered No. B C18892

C18892

CERTIFICATE OF DEATH.

120

(Place of Death.) No 2332 Ethan St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earnest Burr

{ Residence, if in Baltimore, Give Street and Number. } 2332 Ethan St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: ~~white~~
DATE OF BIRTH: 1890	
AGE: 19 years, — months, — days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: John Burr	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Fanny Winfield	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: Chain Carrier	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bischoff

(Address) 1107 Hillen

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18 1909

I HEREBY CERTIFY, That I attended deceased from Jan 14 1909 to Jan 18 1909 that I last saw him alive on Jan 18 1909, and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Coma following acute suppression of urine

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. A. Hawkins M.D.

Address 202 D. Hill Ave

Date Jan 19 1909

Place of Burial Lemmel Cemetery

Date June 21st 1909

Undertaker J. A. Bischoff

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C18893 Registered No. C C18893

CERTIFICATE OF DEATH. C18893

(Place of Death.) No. 3 N. Grove St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry C. Smith

Residence, Give Street and Number, 3 N. Grove St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR White

DATE OF BIRTH 1

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Frank Smith

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Annie Long

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Smith

(Address) 3 N. Grove St

Filed 1/20 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 18 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 18 1909

that I last saw h— alive on " " 1909

and that death occurred, on the date stated above, at 3.1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis &
Pneumonia

(DURATION) 13 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. A. Dearn M. D.

Address Agricultural

Date Jan 19 1909

Place of Burial Holy Redeemer

Date Jan 21 1909 190

Undertaker Wm Cook

Address 502 E. North av.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward D C18894 Registered No. C C18894

CERTIFICATE OF DEATH.

164

(Place of Death.) No. 1611. N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eduarles. Kholschmidt

Residence, Give Street and Number, 1611. N. Bradford St

Duration of Residence in Baltimore, 3 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 9 1816

AGE: 92 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Grandee

(Address) 1611. N. Bradford

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 19th 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1908 to Jan 19th 1909

that I last saw him alive on Jan 15 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

— old age

(DURATION) 1 DAYS

Contributory (Primary) Fractured Femur

2 mos (DURATION) DAYS

(Signed) E. Kennard M. D.

Address 1710 Eager St

Date Jan 19. 09 1909

Place of Burial Jerusalem Cem.

Date Jan 21. 1909 1909

Undertaker Wm Cook.

Address 502 E. North Ave

Remarks

WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WI

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 C18895 Registered No. B C18895

118

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. ~~J. H.~~ Margaret E. Shuffard.

{Residence, if in Baltimore, Give Street and Number.} 1927 Kennedy Ave.

Duration of Residence in Baltimore. 47 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH Feb 2nd 1862

AGE 47 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James F. O'Donald

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Thompson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. S. Shuffard

(Address) 1927 Kennedy ave

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1909

I HEREBY CERTIFY, That I attended deceased from 1-16 1909 to 1-19 1909

that I last saw her alive on 1-19 1909,

and that death occurred, on the date stated above, at 12.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Peritonitis, following Appendicitis

(DURATION) 2 DAYS

(Signed) M. A. Smith M.D.

Address Md. Gen. Hospital

Date 1-19 1909

Place of Burial Baltimore Cemetery

Date Jan 22 1909

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

OK J

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18896 Registered No. B C18896

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 214 S Patterson Pk. Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Devers. Devers

{ Residence, if in Baltimore, Give Street and Number. } 214 S. Patterson Pk Ave.

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 25th 1840

AGE 68 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Devers

(Address) 214 S. Patterson Park Ave.

Filed 1/20 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to Jan 17th 1909

that I last saw h~~im~~ alive on Jan 17th 1909,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial

Arteritis & Nephritis -

(DURATION) DAYS

Contributory (Primary) Senility ✓ Do not know

Gastritis (DURATION) DAYS

(Signed) C. F. Scudder M.D.

Address 28 Patterson Pk Ave

Date Jan 20th 1909

Place of Burial London Park Cemetery

Date Jan. 21st 1909

Undertaker H. Zander Sons

Address 1210 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C18897 Registered No. B C18897

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 Hull St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Robt. Morgan

{ Residence, if in Baltimore, Give Street and Number. } 1423 Hull

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Aug. 15th 1833

AGE 75 years, 5 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Wales

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F. Clarke

(Address) 1423 Hull St

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 18 1909

I HEREBY CERTIFY, That I attended deceased from June 1 1908 to Jany 18 1909

that I last saw h[illegible] alive on Jany 17 1909.

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) DAYS

Con'tributory (Primary) Hemiplegia

(DURATION) 25 DAYS

(Signed) H. Lee Dennis M.D.

Address 928 E. Chase

Date Jany 19 1909

Place of Burial Mt. Carmel Cem

Date Jany 21 1909

Undertaker R. Gandy Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C18898

CERTIFICATE OF DEATH.

64

(Place of Death.) No. Home for the Aged Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Turner Turner

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 23 March 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Howard Co Maryland

FULL NAME OF FATHER: James Turner

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Elisabeth Reiner

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Cyrille

(Address) Preston and Oally Sts

Filed 1/20 1909 HENRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 4 ... M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(Sudden) (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Md

Date Jan 19 09 190

Place of Burial St. Peters Cem

Date January 21 190 9

Undertaker Joseph B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18899 Registered No. C C18899

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1408 Ramsay St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Estella Richards

Residence, Give Street and Number, 1408 Ramsay St

Duration of Residence in Baltimore, during life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR white

DATE OF BIRTH ~~Jan 20~~ Dec 12 1889 ~~1909~~

AGE 19 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Balto Md.

FULL NAME OF FATHER Benj H. Stuver

BIRTHPLACE OF FATHER (State or county) Balto Md.

MAIDEN NAME OF MOTHER Sarah Hutchins

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah A Stuver

(Address) 1408 Ramsey St

Filed 1/20 1909 HARRY O. ARDINGER, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from Nov 19 1908 to Jan 20 1909

that I last saw her alive on Jan 19 1909

and that death occurred, on the date stated above, at 3.50 a M. CAUSE OF DEATH (Secondary or Immediate,)

Septic rheumatism, acute mania, pregnancy

about 60 (DURATION) DAYS

Contributory (Primary) Septic endocarditis (confirmed 2 hrs) (DURATION) 3 DAYS

(Signed) H. E. Kruft M. D.

Address 1002 N Lanvale

Date Jan 20 1909

Place of Burial London Park Cem

Date January 24 1909

Undertaker Draper & Cook

Address 1003 N Gay

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V C18900 Registered No. B C18900

CERTIFICATE OF DEATH.

92

(Place of Death.) No. The Johns Hopkin Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Kurzrock

{ Residence, if in Baltimore, Give Street and Number. } Cor Conway + Paca Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 26 1874

AGE: 34 years, 1 months, 23 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Frederick Wilkins

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie —

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Kurzrock

(Address) 902 W Lexington Saul

Filed 1/20 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1909

I HEREBY CERTIFY, That I attended deceased from Jan 7" 1909 to Jan 19 1909 that I last saw her alive on Jan 19 1909, and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Emphysema

Bronchio Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O. Euerbringer M.D.

Address Johns Hopkin Hospital

Date January 19" 1909

Place of Burial London Park

Date January 21 1909

Undertaker Joseph B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C18901 Registered No. B C18901

CERTIFICATE OF DEATH.

29

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ivy Redmond

{ Residence, if in Baltimore, Give Street and Number. } 504 N. Dallas St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1905

AGE 3 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Geo Redmond

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Redmond

(Address) 504 N Dallas St

Filed 1/20 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1909 to Jan 19th 1909 that I last saw her alive on Jan 19th 1909, and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis peritonitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date January 20th 1909

Place of Burial Asbury Cemetery

Date Jan 22nd 1909

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C18902 Registered No. B C18902

125

CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 Sharp St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest C F Meyer

{Residence, if in Baltimore, Give Street and Number.} 1104 Sharp St

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS	
SEX ~~Female~~ Male	COLOR White
DATE OF BIRTH Nov 13 1844	
AGE 64 years, 2 months, 5 days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country) Germany	
FULL NAME OF FATHER C Meyer	
BIRTHPLACE OF FATHER (State or country) Germany	
MAIDEN NAME OF MOTHER Bachhaus	
BIRTHPLACE OF MOTHER (State or country) Germany	
OCCUPATION OF DECEASED Retired	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Degenman

(Address) 1104 Sharp St

Filed 1/20 1909 HARRY C. ARKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1 1908 to January 19 1909 that I last saw h-im alive on January 18 1909, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enlarged Prostate Glands
Uraemic Cystitis

(DURATION) Months ~~DAYS~~

Contributory (Primary.) Age

(DURATION) — DAYS

(Signed) Theodore Costa M.D.

Address 914 N Charles St

Date January 20 1909

Place of Burial Baltimore Comm.

Date Jan. 22nd 1909

Undertaker Jos & Jhos John H. Teufel

Address 801 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18903 Registered No. B [illegible]

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 825 Pierce St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry J. Corbett

{Residence, if in Baltimore, Give Street and Number.} 825 Pierce Street

Duration of Residence in Baltimore. Twenty six years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John H Corbett

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Hopper

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Hill

(Address) 825 Pierce st

Filed 1/20 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19 1909

I HEREBY CERTIFY, That I attended deceased from Dec 27 1909 to Jan. 19 1909

that I last saw h. in alive on Jan. 19 1909

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

one year (DURATION) — DAYS

Con'tributory (Primary.) Constant Exposure

(DURATION) DAYS

(Signed) Edward J. Whalley M.D.

Address 1726 E. Lee Ave

Date Jan 20 1909

Place of Burial Laurel Cemetery

Date January 21 st 1909

Undertaker Felix B Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C18904 Registered No. C C18904

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2125 West North Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Alvin Diedle (Diedrich) A.D.S.

Residence, Give Street and Number, 2125 West North Ave

Duration of Residence in Baltimore, life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: Janu 5th 1909

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Adolph Diedle

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Clara Bostwick

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. W. Diedle.

(Address) 2125 W North ave

Filed 1/20 1909 HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Janu 19th 1909

I HEREBY CERTIFY, That I attended deceased from Janu 17 1909 to Janu 19 1909 that I last saw h im alive on Janu 19th 1909 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Congenital debility.

(DURATION) 14 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) C. W. Hoffman M. D.

Address 2100 West North Ave.

Date Janu 20th 1909

Place of Burial Baltimore Cemet

Date Jan 21 1909

Undertaker Jos Selzer

Address 604 W North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1 20

CERTIFICATE OF DEATH.

Registered No. B C18905

City of Baltimore, (No. 2110, 10 North ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida J. Abrams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 22 (Month) (Day) 1857 (Year)

AGE: 52 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): U. S.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Caple

(Address) 2110 W Baltimore

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 19 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 23 1908 to January 19 1909 that I last saw h-r alive on January 18 1909, and that death occurred, on the date stated above, at 1.45 a. m. The CAUSE OF DEATH was as follows:

Chr Interstitial Nephritis

probably several years (DURATION) DAYS

Contributory Asthenia (DURATION) 1 DAYS

(Signed) Duncan MacCalman M. D.

January 20 1909 (Address) 1107 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: Jan 21 1909

UNDERTAKER: Joseph Deffer | ADDRESS: 1600 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C18906 Registered No. B C18906

CERTIFICATE OF DEATH.

144

(Place of Death.) No. 225 Glenamero alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Nickolino Matterese

{ Residence, if in Baltimore, Give Street and Number. } 225 Glenmero Al.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 8th 1907

AGE: 1 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Materese

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Margarette Matteri

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Materese

(Address) 225 Glenmers alley

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from Jan 11 1909 to Jan 20 1909 that I last saw h alive on Jan 19 1909, and that death occurred, on the date stated above, at 1230 A M. CAUSE OF DEATH (Secondary or Immediate)

acute Bronchitis

abscess cervical

(DURATION) 9 DAYS

Contributory (Primary.)

asthenia (DURATION) 1 DAYS

(Signed) Anthony L. Dattilio M.D.

Address 827 ansonia

Date Jan 20 1909

Place of Burial New Cathedral Cemetery

Date January 21st 1909

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C18907

Registered No. C C18907

CERTIFICATE OF DEATH.

41

(Place of Death.) No. 1400 W Hamburg St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm F. Smith

Residence, Give Street and Number, 1400 W Hamburg

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH July 10 1894

AGE 14 years, 6 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto mo

FULL NAME OF FATHER Geo. E Smith

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Elizabeth Monk

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. E. Smith

(Address) 1400 W Hamburg St.

Filed 1/20 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 18 1909

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to Jan 18 1909

that I last saw him alive on Jan 16 1909

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Sarcoma of Intestines

3 months (DURATION) DAYS

Contributory (Primary) asthenia & Convulsions (DURATION) 5 DAYS

(Signed) J. E. Muse M. D.

Address 855 Columbia Ave

Date Jan 19 1909

Place of Burial Woodlawn

Date Jany 20 1909

Undertaker Wm E Chenoweth Son

Address 919 3rd Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 18908 Registered No. C

CERTIFICATE OF DEATH.

31

(Place of Death.) No. 3010 N North ave St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name David F. Vern

Residence, Give Street and Number, 3010 N North ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Feb. 25th 1827

AGE 81 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) New York

FULL NAME OF FATHER Jno Vern

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Elizabeth Foland

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Pilot

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Vern

(Address) 3010 N North ave

Filed Jan 20 1909 HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 18th 1909

I HEREBY CERTIFY, That I attended deceased from April 1908 to Jan. 18th 1909

that I last saw him alive on Jan. 18th 1909

and that death occurred, on the date stated above, at 4-45 P. M. CAUSE OF DEATH (Secondary or Immediate,

Exhaustion

(DURATION) DAYS

Contributory (Primary) Cancer of Mouth

and face (DURATION) 10 Months

(Signed) J. R. Z. Epps M. D.

Address 3050 W North ave

Date Jan. 19th 1909

Place of Burial Woodlawn

Date Jan 21st 1909

Undertaker G. F. Walker

Address 72 W Lafayette ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C18909 Registered No. B C18909

C 18909 3 3

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roberta Gray.

{ Residence, if in Baltimore, Give Street and Number. } 1305 N. Fulton Ave.

Duration of Residence in Baltimore. 2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1882

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Blacksburg Va

FULL NAME OF FATHER John P Gray

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Josephine Croy

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Gray

(Address) Blacksburg Va

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1909 to Jan. 20 1909 that I last saw her alive on Jan. 20 1909; and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Tuberculosis of kidney - Secondary infection

(DURATION) DAYS

(Signed) A Conn McSmith M.D.

Address City Hospital.

Date Jan. 20 1909.

Place of Burial Blacksburg Montgomery Co Va

Date January 21 1909

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18910 Registered No. C .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene F. Hanks

Residence, Give Street and Number, 1

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Tin Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 1/20 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 18 1909

I HEREBY CERTIFY, That I attended deceased from Nov 20 1908 to Jan 18 1909

that I last saw him alive on Jan 18 1909

and that death occurred, on the date stated above, at 3 15 M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) H. N. Esher M. D.

Address Bay View Hospital

Date Jan 18 1909

Place of Burial National Cem Soldiers Lot

Date Jan 22 1908

Undertaker J. Z. Hamilton Co

Address 1422 Pine

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C18911 Registered No. B C18911

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Genevieve Lee

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Jan. 4, 1909

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 1/20 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 20, 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1909 to Jan. 20. 1909 that I last saw h[illegible] alive on Jan. 19, 1909, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

- Marasmus -

(DURATION) Life DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) A. C. Gallis M.D.

Address 1519 N. Caroline St.

Date Jan. 20, 1909

Place of Burial Cathedral Cemetery

Date January 21st 1909

Undertaker Felix B Rye -

Address 102 E Mulberry St -

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C C18912

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1524 N Aliceanna St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver Hunter

Residence, Give Street and Number, 1524 N Aliceanna

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 5 1907

AGE: 1 years, 3 months, 14 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: William R Hunter

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Ida Roberts

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margret Miller

(Address) 1524 N Aliceanna St

Filed 1/20 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 19 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1909 to Jan 19 1909

that I last saw her alive on Jan. 19 1909

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Pneumonia

(DURATION) 7 DAYS

(Signed) A Woodward M. D.

Address 1540 N Broadway

Date January 19 1909

Place of Burial Baltimore Cemetery

Date January 21 1909

Undertaker Robt J Turner

Address 1432 N Broadway.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C18913 Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 888 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet a. Pitts

{Residence, if in Baltimore, Give Street and Number.} 888 Tyson street

Duration of Residence in Baltimore. Life 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: Unknown 1...

AGE: 56 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Josiah Stanton

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bradley,

(Address) 1107 Druid Ave

Filed Jany 20 1909 HARRY [illegible] ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 18th, 1909

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1908 to Jan 18 1909

that I last saw h[illegible] alive on Jan 15 1909

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Coroner N.W. District

Diarrhoea

(DURATION) 14 DAYS

Contributory (Primary) Burns

(Third degree) (DURATION) 165 DAYS

(Signed) D. Faulkner M.D.

Address 335 N. Bradford Ave

Date Jan 20th, 1909

Place of Burial Penny man Md

Date Jan - 22nd 1909

Undertaker J. A. Bradley

Address 1107 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — C18914 — Registered No. B C18914

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 3326 Cedar ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Carter

{ Residence, if in Baltimore, Give Street and Number. } 3326 Cedar ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 9th 1845

AGE: 63 years, 9 months, 10 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Redmann

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Grace M Bollinger

(Address) 3326 Cedar Ave

Filed 1/21 1909 BARNY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Janu 19 1909

I HEREBY CERTIFY, That I attended deceased from July 1st 1908 to Janu 19 1909 that I last saw her alive on Janu 18 1909, and that death occurred, on the date stated above, at 2.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 1 1/2 YRS

Contributory (Primary.) Uraemia (DURATION) 1 DAYS

(Signed) W. N. Faer M.D

Address 17 E 25th St

Date Janu 20 1909

Place of Burial St Marys Cemetery Hamilton

Date January 21st 1909

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C18915

CERTIFICATE OF DEATH.

C18915

(Place of Death) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Hammond

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.

COLOR Pr

DATE OF BIRTH ..... 1 .....

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Delaware

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1909 HARRY C. ANDREWS PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 20 1909

that I last saw her alive on Jan 20 1909

and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate,)

Cystitis

(DURATION) ..... DAYS

Contributory (Primary) Lobar Pneumonia

(DURATION) ..... DAYS

(Signed) W W Baker M. D.

Address Bay View Hospital

Date Jan 20 1909

Place of Burial Sacred Heart

Date Jany 22 1909

Undertaker Chas H. Evans

Address 118 W. Royal Ave

Remarks .....

BAY VIEW ASYLUM.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C18916 Registered No. B C18916

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 N Patterson Park Av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary E Roberts

{ Residence, if in Baltimore, Give Street and Number. } 12 N Patterson Park Av

Duration of Residence in Baltimore. 14 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER George H Roberts

BIRTHPLACE OF FATHER (State or country) Dorchester Co Md

MAIDEN NAME OF MOTHER Ellen E Andrews

BIRTHPLACE OF MOTHER (State or country) Dorchester Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Roberts

(Address) 12 N Patterson Park Av

Filed 1/21 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1908 to Jan 15 1909 that I last saw her alive on Jan 15 1909, and that death occurred, on the date stated above, at 7.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 Yr (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J T Shickrall M.D.

Address 14 N Patterson Pk Ave

Date Jan 20 1909 190

Place of Burial Loudon Park CEMETERY

Date JAN 22 1909 190

Undertaker H E Hughes

Address 175 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C18917

C18917

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1017½ E. Lombard St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Benjamin Arbosman

{ Residence, if in Baltimore, Give Street and Number. } 1017½ E. Lombard St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Jan 1st 1845

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Hyman Arbosman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Devarah Arbosman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Abramson

(Address) 123 Spring Road

Filed 1/21 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 = 1909

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudlow Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial Hebrew Bonsdale

Date Jan 21 1909

Undertaker Max Levinson

Address 1620 McCleary st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

THE ROBERT GARRETT HOSPITAL FOR CHILDREN
No. 27 North Carey Street
BALTIMORE, MD.

Registered No. B C18918

City of Baltimore, (No. ....., ... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Rubin

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Jan (Month) 8 (Day) 1909 (Year)

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rubin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Caplan

(Address) 1605 E Fayette St

Filed 1/21 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 20 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 16 1909 to Jan 20 1909 that I last saw h[im] alive on Jan 19 1909, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Stricture Esophagus

(DURATION) — DAYS

Contributory Starvation

(DURATION) ..... DAYS

(Signed) John Rubrick M. D.

Jan 20 1909 (Address) 639 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 732 Lombard St How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lebanon Woodlawn

DATE OF BURIAL: Jan 21, 1909

UNDERTAKER: Myer Zinner

ADDRESS: 162 McElderry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. C 18919

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Little

Residence, Give Street and Number, 407 N. Caroline St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR B

DATE OF BIRTH —

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) England

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) West India

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Lab-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly

(Address) BAY VIEW ASYLUM

Filed 1/21 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 19 1909

I HEREBY CERTIFY, That I attended deceased from Nov 14 1908 to Jan 19 1909

that I last saw h alive on Jan 19 1909

and that death occurred, on the date stated above, at 11 45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Tuberculosis

(DURATION) DAYS

(Signed) W Baker M. D.

Address Bay View Asylum

Date Jan 19 1909

Place of Burial Asbury Cemetery

Date Jan 21 1909

Undertaker John W Henderson

Address 31 N Caroline st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PARAGRAPHS ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7R

C18920 Registered No. B

CERTIFICATE OF DEATH.

159

(Place of Death.) No. 424 Wehage St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John W. Zeller

{Residence, if in Baltimore, Give Street and Number.} 424 Wehage St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 20 1880

AGE: 28 years, 4 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George W. Zeller

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Emma Sprekels

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Glassworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leland M Houghtling (Brothers-in-Law)

(Address) 424 Wehage St

Filed 1/21, 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.30

.....M. CAUSE OF DEATH (Secondary or Immediate)

Suicide

Pistol shot wound in the head.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date January 20 1909

Place of Burial Western Cem

Date Jan., 22, 1909

Undertaker Jos J Fahey & Son

Address 832 Hillsdale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the cause and date of death.

Ward IV

Registered No. C 18921

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 S Regester St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Caspeller

Residence, Give Street and Number, 609 S Regester St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: July 15th 1850

AGE: 58 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimo city

FULL NAME OF FATHER: John Knobel

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Margaret Ruppreckt

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William L. Caspeller

(Address) 609 S. Regester St.

Filed 1/21 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 19 = 1909

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M. D.

Address 320 N Greene St

Date 190

Place of Burial Mt Carmel Cem

Date Jan 27th 1909

Undertaker H. Sauder & Sons

Address 1710 Canton Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] C18922 Registered No. B C18922

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 424 N. Collington Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Granville C. Bozman

{Residence, if in Baltimore, Give Street and Number.} 424 N. Collington ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 5th 1907

AGE: 2 years, [illegible] months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Granville Bozman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie McDorman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Granville Bozman

(Address) 424 N. Collington Ave

Filed 1/21 1909 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1909 to Jan 19th 1909

that I last saw h[illegible] alive on Jan 19th 1909

and that death occurred, on the date stated above, at 10 10

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Cachexia

(DURATION) DAYS

(Signed) Maurice Ford M.D.

Address 835 E. Baltimore St

Date Jan. 20th 1909

Place of Burial Mt Carmel

Date Jan 21st 1909

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C18923 Registered No. B

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 2037 W. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine R. Quinn

{ Residence, if in Baltimore, Give Street and Number. } 2037 W. North Ave.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 30 th 1840

AGE 68 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER James J Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Rebecca Thurston

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella P. Burnett

(Address) 2037 W. North Ave

Filed 1/21 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 19 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 19 1909 that I last saw h[illegible] alive on Jan 19 1909, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Arteria sclerosis

(DURATION) DAYS

(Signed) A. McDonald M.D.

Address 1540 N Broadway

Date Jan 20 1909

Place of Burial Lorraine Cemetery

Date Jan 22nd 1909

Undertaker W. M. Gaulbert

Address 901 W. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C C18924

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 417. N. Durham St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wheatley.

Residence, Give Street and Number, 417. N. Durham

Duration of Residence in Baltimore, 30 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR B

DATE OF BIRTH 1

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Wm Wheatley

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Page

(Address) 506 Rogers Ave

Filed 1/21 1909

HARRY C. [illegible]
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 19 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw h ..... alive on ..... 190 ..... and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease
(Sudden)

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Joseph Carruthers M. D.

Address Coroner 2nd D.

Date Jan 20 09 190

Place of Burial Asbury Cemetery

Date Jan 22 1909

Undertaker R. H. Veatt

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PART ENCLOSED BY BLACK LINES WILL FILL OUT THIS FORM WITH EXCEPTION OF PA

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C 18925

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 127 N. Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Barton

Residence, Give Street and Number, 127 N. Dallas

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F.

COLOR: B

DATE OF BIRTH: —— 1

AGE: 108 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED ~~OR DIVORCED~~.

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or county): ——

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Pryc

(Address) 506 Rogers Ave

Filed 1/21 1909

HARRY C. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: June 19 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190

that I last saw h... alive on ... 190

and that death occurred, on the date stated above, at 9 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Old. Age.

(DURATION) ... DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Fredk Carruthers M. D.

Address Corner Rd

Date Jan 20 — 09 190

Place of Burial Green Mount Cem Graveston Md

Date Jan 22 1909

Undertaker R. H. Elliott

Address 506 Rogers Ave

Remarks ...

Ward 4 Registered No. B C18926

CERTIFICATE OF DEATH. 1909

(Place of Death.) No. 188 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hattie White Lee Snowden

{ Residence, if in Baltimore, Give Street and Number. } 188 Sarah Ann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER James Snowden

BIRTHPLACE OF FATHER (State or country) Washington D C

MAIDEN NAME OF MOTHER Annie Diggs

BIRTHPLACE OF MOTHER (State or country) Washington D C

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles White

(Address) 188 Sarah ann

Filed 1/21 1909 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan 20 1909

that I last saw h alive on 1909,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Bright Dis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Maitre M.D.

Address

Date Jan 21 1909

Place of Burial Mount Station Washington D C

Date Jan 22 1909

Undertaker R A Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B 14

C18927

CERTIFICATE OF DEATH.

(Place of Death.) No. 2111 W. Baltimore St — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth E. Thayer

{Residence, if in Baltimore, Give Street and Number.} 2111 W. Baltimore St.

Duration of Residence in Baltimore. [redacted] 55 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH May 24th 1838

AGE 71 years, 7 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER Abraham Cowen

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Eliza E. Fast

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno D. W. Thayer

(Address) 2111 W Balto St

Filed 1/21 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 19th. 1909

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1908 to Jany 19th 1909

that I last saw her alive on Jany 19th 1909

and that death occurred, on the date stated above, at 7.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Bronchitis, Complicating Emphysema and Cardiac Dilatation

(DURATION) 6 Wks DAYS

Contributory (Primary) Asthenia

(DURATION) 10 DAYS

(Signed) Henry C. Dake M.D.

Address 1703 W. Fayette St

Date Jany 21st 1909

Place of Burial Loudon Park

Date Jan 22nd 1909

Undertaker Chas E. Franck

Address 746 N Eutaw

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B C18928

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 905 Bradford St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Tatum (Duhan)

{ Residence, if in Baltimore, Give Street and Number. } 905 W Broadford

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1

AGE ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Duhan

BIRTHPLACE OF FATHER (State or country) Cuba

MAIDEN NAME OF MOTHER Lizzie Tatum

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Duhan

(Address) 905 Broadford

Filed 1/21 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20. 1909

I HEREBY CERTIFY, That I attended deceased from Jan 19 1909 to Jan 20 1909 that I last saw h[illegible] alive on ..... 1909, and that death occurred, on the date stated above, at 1230 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Both

..... (DURATION) ..... DAYS

Contributory (Primary.) Senile Debility (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 2008 Oakland Ave

Date Jan 21. 1909

Place of Burial Loudon Park

Date Jan 22 1909

Undertaker Frank Cockerton

Address 1904 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C18929

C18929

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 905 Bradford. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Duhan (Duhan)

{ Residence, if in Baltimore, Give Street and Number. } 905 Bradford St.

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....

AGE ..... 33 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Johy Labuda

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Maria Petrica

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kuhar

(Address) 905 Bradford

Filed 1/21 1909 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 21 1909

that I last saw h[illegible] alive on " 1909,

and that death occurred, on the date stated above, at 5:45 M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Cardiac Failure (DURATION) DAYS

(Signed) W J Ryerson M.D.

Address 2008 Oakland Ave.

Date Jan 21 1909

Place of Burial Holy Redeemer

Date Jan 22 1909

Undertaker Frank Richardson

Address 1904 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C18930

City of Baltimore, (No. 721 Bramin Co. St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B 27

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillie Williams Banks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1886 (Year)

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Williams

BIRTHPLACE OF FATHER (State or country): Cumberland County Md

MAIDEN NAME OF MOTHER: Hannah Jackson

BIRTHPLACE OF MOTHER (State or country): Calvert County

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Williams

(Address) 721 Bramin ~~ANDREWS~~ ST.

Filed 1/27 1909 PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... (Month) Jan 19th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1909 to Jan 19th 1909 that I last saw h[er] alive on Jan 14 1909, and that death occurred, on the date stated above, at 4 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 1 Year DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Jennie B. Bonne M. D.

Jan 20 1909 (Address) 1223 E. Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Jan 21 1909

UNDERTAKER: Fred. C. Krause & Bro

ADDRESS: 203 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Ward 13 C18931 Registered No. C

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Slingluff Ave. near Liberty Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Stedding

Residence, Give Street and Number, Slingluff Ave. near Liberty Road

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown July 27th 1907

AGE: ..... years, 18 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: John Stedding

BIRTHPLACE OF FATHER (State or county): Balto.

MAIDEN NAME OF MOTHER: Mary Christlieb

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stedding

(Address) Slingluff ave. near Liberty Road

Filed 1/21 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 19 1909.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Shock from accidental Scalding by falling in tub of hot water (DURATION) 10 hrs.

Contributory (Primary) Accident (DURATION) ..... DAYS

(Signed) Wilbur Boardman M. D.

Address 700 N. Lafayette Ave (Corner)

Date Jan 20 1909

Place of Burial Lorrain Cemetery

Date Jan 21st 1909

Undertaker George Bentz

Address 594 N Biddle St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C18932

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B C18932

City of Baltimore, (No. 22, Augusta Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Griest Sinsz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 7 (Day) 1854 (Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Moses Griest

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Rachel R. Baffington

BIRTHPLACE OF MOTHER (State or country): Kent Co. Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Hemmigsamen

(Address) 22 Augusta Ave

Filed 1/21 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 19 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1906 to Jan 19 1909 that I last saw her alive on Jan 18 1909, and that death occurred, on the date stated above, at 3:10 A. M. The CAUSE OF DEATH was as follows:

Myocarditis
Valvular Disease

..... (DURATION) ..... DAYS

Contributory —

..... (DURATION) ..... DAYS

(Signed) H. J. Brulle M. D.

Jan 20 1909 (Address) 12 N. Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: Jan 22 1909

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

Ward 23 C18933 Registered No. B C18933

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1611 Marshall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Russell M. Frye

{Residence, if in Baltimore, Give Street and Number.} 1611 Marshall St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Russell Frye

BIRTHPLACE OF FATHER (State or country): West Virginia

MAIDEN NAME OF MOTHER: Alice Fairmont

BIRTHPLACE OF MOTHER (State or country): Lunenburg

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Russell Frye

(Address) Marshall Ave 1611

Filed Jany 21 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1909 to Jan 19th 1909 that I last saw h. alive on Jan 19th 1909, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Bronchio — Pneumonia (DURATION) 3 DAYS

(Signed) J. H. Hawkins M.D.

Address 1608 Light St

Date Jan. 20th 1909

Place of Burial Leader Ridge

Date January 21 1909

Undertaker John E Ennis & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C18934 Registered No. B C18934

CERTIFICATE OF DEATH.

(Place of Death.) No. 724 Robert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Annie Golden

{ Residence, if in Baltimore, Give Street and Number. } 724 Robert St

Duration of Residence in Baltimore. 2½ mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 6 1908

AGE: ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Taylor

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Annie Golden

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James D Hughes

(Address) 622 N Fulton Ave.

Filed 1/21 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1909

I HEREBY CERTIFY, That I attended deceased from Dec 19 1909 to Dec 20 1909 that I last saw h[illegible] alive on Dec 20 1909, and that death occurred, on the date stated above, at 2.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Ibm. Colitis

(DURATION) ..... DAYS

(Signed) Robt P Day M.D.

Address Maternity Hospital

Date Jan. 20 1909

Place of Burial UNIVERSITY OF MARYLA

Date JAN 21 1909 190

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C18935 Registered No. B C18935

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 S. Dallas St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma A. Fisher

{Residence, if in Baltimore, Give Street and Number.} 504 S. Dallas St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan. 7th 1909
AGE	..... years, ... months, 13 days
SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balti.
FULL NAME OF FATHER	Harry P. Fisher
BIRTHPLACE OF FATHER (State or country)	Pullman Ill.
MAIDEN NAME OF MOTHER	Mary Foley
BIRTHPLACE OF MOTHER (State or country)	St. Paul Minn.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry P. Fisher

(Address) 504 S. Dallas St.

Filed 1/21 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20th, 1909

I HEREBY CERTIFY, That I attended deceased from January 7th 1909 to Jan. 20th 1909

that I last saw her alive on Jan. 19th 1909

and that death occurred, on the date stated above, at 8 A M. CAUSE OF DEATH (Secondary or Immediate.)

Hereditary Lues

(DURATION) 14 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) George M. Settle M.D.

Address 2435 Maryland Ave.

Date Jan. 20 1909

Place of Burial Holy Cross cemetery

Date Jan 21st 1909

Undertaker Lilly & Fisher

Address 403 S. Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18936 Registered No. B C18936

CERTIFICATE OF DEATH.

68

(Place of Death.) No. Bay View Hospital Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Schaeffer

{ Residence, if in Baltimore, Give Street and Number. } Baltimore 210 Penn St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 25th 1876

AGE 33 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Julius Schaeffer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Knorr

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/21 1909 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20 1909

I HEREBY CERTIFY, That I attended deceased from January 13 1909 to Jany 20 1909 that I last saw him alive on Jany 19 1909, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Acute Mania

(DURATION) 14 DAYS

(Signed) William F. Schwartz M.D.

Address Bay View Insane Hospital

Date January - 20 1909.

Place of Burial Balt. Cemetery

Date Jan 22d 1909

Undertaker Geo. Leinbach & Son

Address 647 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C18937 Registered No. C C18937

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olga Vollerthum

Residence, Give Street and Number, 719 Greenmount Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH March 13 1887

AGE 21 years, 10 months, 6 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Chas. W. Vollerthum

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Henrietta Detroch

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 719 Greenmount Ave

Filed 1/21 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 19th — 1909

I HEREBY CERTIFY, That I attended deceased from May 1907 to Jan 19 1909

that I last saw her alive on Jan 19 1909

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Pulmonary tuberculosis

(DURATION) 17½ years ~~DAYS~~

(Signed) H J Beck M. D.

Address 214 E Preston St

Date Jan 20th 1909

Place of Burial Woodlawn

Date Jan 22— 1909

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Arbeur Hospital Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Conner

{Residence, if in Baltimore, Give Street and Number.} 1812 E Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 24 1837

AGE 71 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Connor

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Helen Garrett

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elizabeth Conner

(Address) 1812 E. Monument

Filed 1/21 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Jan 20 1909

that I last saw h alive on Jan 20 1909,

and that death occurred, on the date stated above, at 7 1/4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Infection of left knee joint (DURATION) DAYS

(Signed) Edward Bayley M.D.

Address Hebrew Hospital

Date January 20 1909

Place of Burial Bonnie Brae

Date Jan 23, 1908

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C18939 Registered No. B C18939

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Harris

{ Residence, if in Baltimore, Give Street and Number. } 518 Robert St city

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 44 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Julius Harris

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martha Harris

(Address) 518 Robert St

Filed 1/21 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20th. 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1908 to Jan 20 1909 that I last saw her alive on Jan 20th 1909, and that death occurred, on the date stated above, at 4.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Sarcoma of uterus (DURATION) DAYS

(Signed) C. H. Richardson M.D.

Address Johns Hopkins Hospital

Date Jan 20th 1909

Place of Burial Mt Jerome

Date Jan 23rd 190

Undertaker Adams & Wolfe

Address 1364 N Caroy St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C18940 Registered No. B C18940

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Martin

{Residence, if in Baltimore, Give Street and Number.} 526 Hickory Ave.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 10 1846

AGE 62 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER A. Lits Allen

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Margaret Cook

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Martin

(Address) 526 Hickory Ave

Filed 1/21 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-21 1909

I HEREBY CERTIFY, That I attended deceased from 1-12 1909 to 1-21 1909 that I last saw h alive on 1-21 1909, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Heart disease

(DURATION) 9 DAYS

(Signed) Ma J Smith M.D.

Address Md. Gen. Hospital

Date 1-21 1909

Place of Burial Mt Moriah

Date Jan 23, 1909

Undertaker H S Marshall

Address 3539 Lab. Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18941 Registered No. B C18941

CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Moran

{Residence, if in Baltimore, Give Street and Number.} 2108 E. Lombard St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William Moran

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Moran

(Address) 2108 E. Lombard.

Filed 1/21 1909 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19 1909

I HEREBY CERTIFY, That I attended deceased from Dec 19 1908 to Jan 19 1909

that I last saw h.. alive on Jan 11 1909

and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of Lungs

5 hours (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma Stomach (DURATION) 4 yrs

(Signed) Eugene L. Pessagno M.D.

Address 2314 E. Balto St.

Date Jan. 20, 1909.

Place of Burial New Cathedral Cem

Date Jan. 22nd 1909

Undertaker John A. Moran

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

Dr. Person Balt.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C18942 — Registered No. C C18942

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1526 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Fabiszak

Residence, Give Street and Number, 1526 Lancaster

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female. COLOR: White

DATE OF BIRTH: Oct 3 th 1905

AGE: 3 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Joseph Fabiszak

BIRTHPLACE OF FATHER (State or county): Germany.

MAIDEN NAME OF MOTHER: Mary Wiesbowska.

BIRTHPLACE OF MOTHER (State or county): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fabiszak, Mother

(Address) 1526 Lancaster St

Filed 1/21 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 21 1909

I HEREBY CERTIFY, That I attended deceased from Jan 19 1909 to Jan 21 1909

that I last saw her alive on Jan 21 1909

and that death occurred, on the date stated above, at 1 P M.

CAUSE OF DEATH (Secondary or Immediate.)

acute Nephritis

(DURATION) 3 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J J Valentine M. D.

Address 76 S Broadway

Date Jan 21 1909

Place of Burial Holy Rosary

Date Friday January 22 1909

Undertaker W F Sadowski

Address 703 S. Ann St.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. C18943

Ward 9 4 Registered No. C

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 51 Joseph Hustead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard H. Wallenhorst

Residence, Give Street and Number, Elkton City

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton H Easton

(Address) Elkton City

Filed Jan 21 1909 HARRY C. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 21 — 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Fracture of leg — Oedema of lungs. Failure to pull by Court house at Elkton Md (DURATION) DAYS

Contributory (Primary) Dec 29-08 (DURATION) DAYS

(Signed) Fredk Carville M. D.

Address Elkton

Date Jan 21 — 09 190

Place of Burial Elmer Brace

Date Jan 25 190

Undertaker Wm Elmer Easton & Sons

Address Elkton City

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. C 18944 C18944

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Martin

Residence, Give Street and Number, —

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: Wr.

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S

BIRTHPLACE (State or county): Wash. D.C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/22 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from Nov 17 1908 to Jan 20 1909

that I last saw him alive on Jan 20 1909

and that death occurred, on the date stated above, at 6.30

M. CAUSE OF DEATH (Secondary or Immediate,)

E. Pulmonum

(DURATION) ..... DAYS

Contributory (Primary) Tuberculosis

(DURATION) ..... DAYS

(Signed) H. N. Eska M. D.

Address Bay View Hosp

Date Jan 21 1909

Place of Burial Sacred Heart

Date JAN 22 1909 190

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. C18945

CERTIFICATE OF DEATH. C18945 93

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph E Prevett

Residence, Give Street and Number, —

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W.

DATE OF BIRTH — 1 .....

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M.

BIRTHPLACE (State or county) Vermont

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Marble Worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 1/22 1909 HARRY C. ANDREWS PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 21 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan 21 1909 that I last saw h[illegible] alive on Jan 21 1909 and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pneumonia

(DURATION) ..... DAYS

(Signed) J. R. Baker M. D.

Address Bay View Hospital

Date Jan 21 1909

Place of Burial Sacred Heart

JAN 22 1909

Date 190

Undertaker Chas F. Evans

Address 118-120 W. Mt Royal Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B C18946

CERTIFICATE OF DEATH.

72

(Place of Death.) No. 926 W Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Jos Flanagan

{Residence, if in Baltimore, Give Street and Number.} 926 West Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR W	DATE OF DEATH Jan 18 1909
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from as 190 to Coroner 190
AGE 16 years, months, days	that I last saw h alive on 190,
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	and that death occurred, on the date stated above, at
BIRTHPLACE (State or country) Balto	M. CAUSE OF DEATH (Secondary or Immediate.)
FULL NAME OF FATHER David Flanagan	Tetanus following
BIRTHPLACE OF FATHER (State or country) N.Y.	Rusted Nail wound in Hand accident (DURATION) 18 DAYS
MAIDEN NAME OF MOTHER Mary Cloorman	Contributory (Primary.) (DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country) Md.	(Signed) Patrick J Martin M.D.
OCCUPATION OF DECEASED -	Address Coroners
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Jan. 21 1909
(Informant) Mary Cloorman	Place of Burial St Peters
(Address) 926 W Lombard St	Date Jan 22nd 1909
Filed 1/22 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar	Undertaker John J Bowen
	Address 901 Hollins St

MTW. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

and the **cause and date of death.**

Ward 16 C18947 Registered No. C C18947

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1103 N Lakeard St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Lee

Residence, Give Street and Number, 1103 N Lakeard St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: Nov 1906

AGE: 2 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Stephen P. Moore

BIRTHPLACE OF FATHER (State or county): Md.

MAIDEN NAME OF MOTHER: Millie Lee.

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Millie Lee

(Address) 1103 Lakeard

Filed 1/22 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 21 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) Ida A Baldwin M. D.

Address 704 N. Luzerne Ave (Corner)

Date June 21 1909

Place of Burial Mount Olivet

Date June 23 1909

Undertaker Sam'l H. Hagerstown

Address 1400 Pratt St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C18948 — Registered No. C 18948 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Greens Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Thomas Miller

Residence, Give Street and Number, 1003 Greens Court

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH March 3 1908

AGE ____ years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Charles Wm Miller

BIRTHPLACE OF FATHER (State or county) Balto Md

MAIDEN NAME OF MOTHER Maggie Kline

BIRTHPLACE OF MOTHER (State or county) Baltimore Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Miller mother

(Address) 1003 Greens Court

Filed 1/22 1909 HARRY C. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 21 1909

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h alive on ____ 190

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Dentition

Exhaustion

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas W Steinhardt M. D.

Address Coroner

Date January 21 1909

Place of Burial St Alphonsus.

Date January 22nd 1909

Undertaker E Hoole

Address 115 E Fayette St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 Registered No. B C18949

C18949

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1423 Holbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Weber

{ Residence, if in Baltimore, Give Street and Number. } 1423 Holbrook st

Duration of Residence in Baltimore. 30

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 17 1859

AGE 49 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Weber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margareta Weber

(Address) 1423 Holbrook St

Filed 1/22 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20 1909

I HEREBY CERTIFY, That I attended deceased from Jany 16th 1909 to Jany 20th 1909 that I last saw h alive on 190, and that death occurred, on the date stated above, at 3.45 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. S. Miller M.D.

Address 1501 Eaugrade

Date Jany 21st 1909

Place of Burial Immanuel Cemetery

Date Jan 23/09 190

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C18950 Registered No. B C18950

CERTIFICATE OF DEATH.

(Place of Death.) No. 900 N. Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Lemke

{ Residence, if in Baltimore, Give Street and Number. } 900 N. Hopkins Ave

Duration of Residence in Baltimore. 53

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 4 1831
AGE	77 years, 9 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Ebersberger

(Address) 2111 Orleans St

Filed 1/22 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from Sept 12 1908 to Jan 20 1909 that I last saw h[illegible] alive on Jan 20 1909, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis.

(DURATION) 3650 DAYS

Contributory (Primary.) Old age

(DURATION) DAYS

(Signed) Eduard Guttmann M.D.

Address 205 Eutaw St

Date Jan 21st 1909

Place of Burial Baltimore Cemetery

Date Jan 24-1909 190[illegible]

Undertaker C. Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, **to furnish within *eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married **or** single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C18951

Hospital for Crippled Children

City of Baltimore, (No. 7000 N. Charles St. St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline Elizabeth Kelley

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: March (Month) 30 (Day) 1899 (Year)

AGE: 9 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Theophilus T. Kelley

BIRTHPLACE OF FATHER (State or country): Salisbury Md

MAIDEN NAME OF MOTHER: Caroline Straub

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Caroline Kelley

(Address) 2503 W Lexington

Filed 1/22 1909

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 21 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1908 to Jan 21 1909

that I last saw h[e] alive on Jan 21 1909,

and that death occurred, on the date stated above, at 3 p. m. The CAUSE OF DEATH was as follows:

Tuberculosis of the Spine

Secondarily affected

with Streptococci

5 years (DURATION) ..... DAYS

Contributory Abscess

7 days (DURATION) ..... DAYS

(Signed) R. C. Tunstall Taylor M. D.

Jan 21 1909 (Address) 7000 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2503 W Lexington St How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Jan 24 1909

UNDERTAKER: F. A. Krause & Bro

ADDRESS: 703 Hanover

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of [illegible]

Registered No. D C18952

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 N Poppleton St 21, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude C Brown

{ Residence, if in Baltimore, Give Street and Number. } 120 N. Poppleton 21

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm L Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine O'Connor

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L Brown

(Address) 120 N. Poppleton

Filed 1/22 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Burned about head + neck Accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick D Martin M.D.

Coroner

Address

Date Jan 21 1909

Place of Burial St Peters Cemetery

Date Jan 22 1909

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C18953 Registered No. C 18953 63

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Young

Residence, Give Street and Number, Woodstock, Md

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Carroll Co, Md

FULL NAME OF FATHER: Samuel Young

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or county): not known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. Dillsniger

(Address) Ellicott City Md

Filed 1/22 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany 21 1909

I HEREBY CERTIFY, That I attended deceased from 11-14 1908 to 1-21 1909

that I last saw h[illegible]e alive on 1-21 1909

and that death occurred, on the date stated above, at 8 30 P M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Hemmorhage of Spinal Cord, (DURATION) DAYS

(Signed) [illegible] M. D.

Address University Hospital

Date 1-22 1909

Place of Burial Granite M E Cemetery Balto Co. Md

Date Jany 24-1909

Undertaker Stephen Dillsniger & Son

Address Ellicott City Md

Remarks

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

Registered No. B C18954

City of Baltimore, (No. 1624 N. Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm L. Nugard

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 26th 1900 (Month) (Day) (Year)
AGE	8 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Geo E. Nugard
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Mary E. Osborn
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Nugard

(Address) 1624 N. Gilmore St

Filed 1/22 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22d 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 18 Jan 1909 to Jan 21 1909 that I last saw h-- alive on Jan 21st 1909, and that death occurred, on the date stated above, at 2.20 P.M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

(DURATION) 3 DAYS

Contributory —

(DURATION) DAYS

(Signed) J. Emmett Murphy M.D.

190 (Address) 594 Pennsylvania Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: Jan 22nd 1909

UNDERTAKER: Geo Benz. — ADDRESS: 594 Pa Ave / Biddle St

2 1/2 P.M

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C18955 Registered No. C [illegible] 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 N. Bradford St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Deaver

Residence, Give Street and Number, 1632 N. Bradford

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: July 17 1908

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Elmer Deaver

BIRTHPLACE OF FATHER (State or county): Pa

MAIDEN NAME OF MOTHER: Alice Carson

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer Deaver

(Address) 1632 N. Bradford St

Filed 1/22 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan 22 1909 to Jan 22 1909 that I last saw h[illegible] alive on Jan 22 1909 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Intestinal Colic

(DURATION) 24 Hours DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) J. William Fraser M. D.

Address 1407 N Ray

Date 190

Place of Burial St. Johns Cem

Date Jan 24/909. 190

Undertaker Wm Cook Co.

Address 502 E. Fairmount

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 C18956 Registered No. C C18956

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1349 Burgundy alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Hyell

Residence, Give Street and Number, 1349 Burgundy alley

Duration of Residence in Baltimore, 46 years 5 mo

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: June 28 1849 (June 28 1849) 1

AGE: 46 years, 5 months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Casper Hyell

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Catherine unknown

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Grant

(Address) 1349 Burgundy alley

Filed 1/22 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jany 21 1909

I HEREBY CERTIFY, That I attended deceased from Jany 12 1909 to Jany 20 1909 that I last saw him alive on Jany 20 1909 and that death occurred, on the date stated above, at 7.30 a M. CAUSE OF DEATH (Secondary or Immediate,)

Consumption

Drink & Exposure (DURATION) 6 mo ~~DAYS~~

Contributory (Primary)

Drink & exposure (DURATION) DAYS

(Signed) T B Hall M. D.

Address 1st Winans

Date Jany 21 1909

Place of Burial Western Cem

Date Jan 23/1909 190

Undertaker Woodcock

Address 250 E. Hasher

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17

Registered No. B C18957

C18957

50

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis J. Testard

{ Residence, if in Baltimore, Give Street and Number. } 307 E. Lanvale St.

Duration of Residence in Baltimore. one year.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Louisiana

FULL NAME OF FATHER John B. Testard

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Solicitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Testard

(Address) 307 E. Lanvale

Filed 1/22 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 16 1909 to Jan. 22 1909 that I last saw h in alive on Jan. 22 1909, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

(DURATION) DAYS

Contributory (Primary.) Myocarditis -

delirium tremens. (DURATION) DAYS

(Signed) Wm J Schmitz M.D.

Address City Hospital

Date Jan. 22. 1909.

Place of Burial Chicago Ill

Date Jan 23 09 1909

Undertaker Wm Cook

Address 500 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C18958

150 C

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1126 Ridgely St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maggie Ll. Kaline

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Dec (Month) 21 (Day) 1908 (Year)	
AGE: ..... years, 1 month, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Philip Kaline
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Maggie Creighton
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Kaline

(Address) 1126 Ridgely St

Filed 1/22 1909 Registrar

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH: 1st (Month) 21st (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 11th 1909 to Jan. 21st 1909 that I last saw her alive on Jan 17th 1909, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Congenital debility
Spina bifida - 1

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Meanley Wilkins M. D.

1-21st 1909 (Address) 810 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Jan 23rd 1909
UNDERTAKER: E. Sahlsman & Son	ADDRESS: 1039 W Lanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11 2

CERTIFICATE OF DEATH.

Registered No. B C18959

City of Baltimore, (No. 302 North Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Curry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 20 (Month) (Day) 1857 (Year)

AGE: 57 years, 7 months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Charles Quigley

BIRTHPLACE OF FATHER (State or country): Harford Co. Maryland

MAIDEN NAME OF MOTHER: Elizabeth Webb

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Curry

(Address) 302 N Carey St

Filed 1/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 21 (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 10 1909 to Jan. 20 1909 that I last saw her alive on Jan 20 1909, and that death occurred, on the date stated above, at 5 a. M. The CAUSE OF DEATH was as follows:

Carcinoma Congestion of the Lungs

(DURATION) 3 DAYS

Contributory Cirrhosis of the Liver

(DURATION) 3 years ~~mos~~

(Signed) H. Wetherson M. D.

Jan. 21 1909 (Address) 431 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: West Liberty Balto Co.

DATE OF BURIAL: Jan 23 1909

UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C18960 Registered No. C18960(13)

CERTIFICATE OF DEATH.

(Place of Death.) No. 347 S. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard P. Scholz

{Residence, if in Baltimore, Give Street and Number.} 347 S. Fulton ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 23d 1902

AGE: 6 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank H Scholz

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Ella R. Forney

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank H. Scholz

(Address) 347 S. Fulton ave,

Filed 1/22 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20th 1909

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1908 to Jan. 20 1909 that I last saw him alive on Jan 20th 1909 and that death occurred, on the date stated above, at 7.13 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 Months 1 DAYS

Con'tributory (Primary.) Thrombosis (DURATION) — DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date Jan. 21st 1909

Place of Burial London Park

Date Jan 23 1909

Undertaker Geo W. Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C18961 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 322 Ramsay St Ext St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name William M. King

{Residence, if in Baltimore, Give Street and Number.} 322 Ramsay St Ext

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 19 1828

AGE: 80 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower.

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: John King

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Katie Neagle

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John King

(Address) 322 Ramsay St.

Filed 1/22 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 21 1909

I HEREBY CERTIFY, That I attended deceased from January 1st 1909 to January 21st 1909 that I last saw him alive on Jan 21 1909, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age.

(DURATION) DAYS

Contributory (Primary.) asthenia

(DURATION) 21 DAYS

(Signed) Asa L Vessels M.D.

Address 510 Frederick ave

Date January 22 1909.

Place of Burial Loudon Park

Date Jan 24th 1909

Undertaker C. F. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, Bal.

Ward 7

C18962

Registered No. C C18962

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1351 Register St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Green

Residence, Give Street and Number, 135 S. Register St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male.

COLOR: White

DATE OF BIRTH: 1

AGE: ... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single.

BIRTHPLACE (State or county): Baltimore. Md

FULL NAME OF FATHER: Fred S. Green.

BIRTHPLACE OF FATHER (State or county): Philadelphia. Pa.

MAIDEN NAME OF MOTHER: Mary Wroblewska.

BIRTHPLACE OF MOTHER (State or county): German Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Green.

(Address) 135 S. Register St.

Filed 1/22 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan 22 1909

that I last saw h alive on Jan 22 1909

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) ...

(DURATION) ... DAYS

(Signed) ... M. D.

Address 1 E Pratt

Date Jan 22 1909

Place of Burial St Stanislaus

Date Sunday Jan 24" 1909

Undertaker M. F. Sadowski.

Address 703 S. Ann St.

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward VII C18963 Registered No. B C18963

146

CERTIFICATE OF DEATH.

(Place of Death.) No. 137 E. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph G. Angen

{ Residence, if in Baltimore, Give Street and Number. } 137 E. Cross

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: August 6th 1908

AGE: ..... years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Angen

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Julia A. Fiedler

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Angen

(Address) 137 E. Cross St.

Filed 1/22 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 20th 1909

I HEREBY CERTIFY, That I attended deceased from Nov 17th 1908 to Jan 20th 1909 that I last saw him alive on Jan 20th 1909, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Rickets

(DURATION) 90? DAYS

(Signed) G. H. Buxton, M.D.

Address 222, E. Cross St.

Date Jan. 21st. 1909

Place of Burial Sacred Heart Cem

Date January 23rd 1909

Undertaker Wm B Crothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C18964

C18964 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2907 Walbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen V. Allers

{ Residence, if in Baltimore, Give Street and Number. } 2907 Walbrook Ave

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 13 1867

AGE 41 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Thomas Taylor

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary Taylor

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C Allers Husband

(Address) 2907 Walbrook ave

Filed 1/22 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 14 1909 to Jan 22 1909 that I last saw h er alive on Jan 21 1909, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

(DURATION) 6 DAYS

Contributory (Primary.) Double Labar Pneumonia

(DURATION) 7 DAYS

(Signed) W D Blanchard M.D.

Address 1828 W North Ave

Date January 22 1909

Place of Burial Greenmount

Date Jany 24 1909

Undertaker Lanahan Coop Co

Address 731 Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

46

CERTIFICATE OF DEATH. C18965

Registered No. B

City of Baltimore, (No. 3 S. Carrollton Ave, St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fredk H. McComas

PERSONAL AND STATISTICAL PARTICULARS

SEX: male. COLOR: white.

DATE OF BIRTH: Jan (Month) 5. (Day) 1853 (Year)

AGE: 54 years, ___ months, ___ days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: married.

BIRTHPLACE (State or country): Balto. Co.

FULL NAME OF FATHER: Geo. E. McComas

BIRTHPLACE OF FATHER (State or country): Howard Co.

MAIDEN NAME OF MOTHER: Sarah E Jones

BIRTHPLACE OF MOTHER (State or country): ~~Howard Co.~~

OCCUPATION OF DECEASED: Butter Dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E McComas

(Address) 3 S. Carrollton Ave

Filed 1/22 1909 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 20 (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6 1908 to Jan 20 1909 that I last saw h[e] alive on Jan 20 1909, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Lung Omentum Tumor

About 6 yrs (DURATION) DAYS

Contributory Intestinal Obst (DURATION) 30 DAYS

(Signed) Wm H Braun M. D.

1908 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Jan 23 1909

UNDERTAKER: Geo J. Smith Co — ADDRESS: 500 W Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77

CERTIFICATE OF DEATH.

C18966

Registered No. B.....

City of Baltimore, (No. 724, Cider Alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dolly Newman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Bl

DATE OF BIRTH: March 26 1886 (Month) (Day) (Year)

AGE: 23 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Henry Newman

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Dolly Morsle

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. H. Newman

(Address) 724 Cider alley

Filed 1/22 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 19 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1908 to Jan 19 1909 that I last saw h.. alive on Jan 19 1909, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

.....(DURATION)..... DAYS

Contributory Pneumonia.

.....(DURATION)..... DAYS

(Signed) B. J. Lynch M. D.

Jan 20 1909 (Address) 1374 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Jan 23 1909

UNDERTAKER: Geo H Hooper

ADDRESS: 609 Little Rac...

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C18967 Registered No. C [illegible] 99

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 Jasper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Rodgers

Residence, Give Street and Number, 602 Jasper St

Duration of Residence in Baltimore, about forty years.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: Unknown

AGE: about fifty years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Issac Rogers

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary A. Bowen

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cathrine Harris

(Address) 602 Jasper St

Filed 1/22 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 20th 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

unknown (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Sidney Bateman M. D.

Address 700 Laf. Av. (Corner)

Date Jan. 21 st 1909

Place of Burial Laurel Cemt

Date Jan 24 1909

Undertaker Alex Hensley

Address 578 W. Baltimore St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 5

C18968

Registered No. B C18968

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 East St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward H. Lovett

{Residence, if in Baltimore, Give Street and Number.} 530 East St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 53 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Preacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Thompson

(Address) 530 East St

Filed 1/22 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 1908 to Jan 19, 1909

that I last saw him alive on Jan 19 1909,

and that death occurred, on the date stated above, at 11 45 M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 6 DAYS

Contributory (Primary.) Chronic

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Carolina st

Date Jan 21 1909

Place of Burial Laurel

Date Jan 24 1909

Undertaker R. T. Ellicott

Address 506 Rogers Ave

WM. C. DULANY CO., BALTIMORE.

Removed him to Summerfield Chas

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL

Ward 11

C18969 Registered No. B C18969

CERTIFICATE OF DEATH.

81

(Place of Death.) No. Providence Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Scott

{Residence, if in Baltimore, Give Street and Number.} 1123 Argyle Ave

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Don't know

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Butler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bullock

(Address) 1107 Dolphin Ave

Filed 1/22 1909 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21st 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1909 to Jan. 21 1909

that I last saw h[illegible] alive on Jan. 21 1909

and that death occurred, on the date stated above, at [illegible]

CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

" "

(DURATION) DAYS

Contributory (Primary) Arterio-Sclerosis

Myocarditis ?

(DURATION) DAYS

(Signed) Wm J. Carr Jr. M.D.

Address 515 Mosher St.

Date Jan. 24th 1909

Place of Burial Laurel Cemetery

Date Jan 24th 1909

Undertaker J. A. Bullock

Address 1107 N Dolphin Ave

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14-1

C 18770 Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary 54

Full Name Charles H. Thorne St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Residence, Give Street and Number, Belair, Harford Co., Md.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH:

AGE: 51 years, - months, - days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED.~~

BIRTHPLACE (State or county): New Jersey

FULL NAME OF FATHER: Smith Thorne

BIRTHPLACE OF FATHER (State or county): Pa.

MAIDEN NAME OF MOTHER: Caroline Hanks

BIRTHPLACE OF MOTHER (State or county): New Jersey

OCCUPATION OF DECEASED: Gentleman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Hanks

(Address) 1403 Pa. Ave

Filed Jan 23, 1909

HARRY O. ANDREWS Registrar.
PERMIT CLERK.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 21 - 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 6 - 1909 to Jan. 21 - 1909

that I last saw him alive on Jan. 21 1909

and that death occurred, on the date stated above, at 11.20 A M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

Contributory (Primary) Pneumonia (DURATION) 2 DAYS

Acute (DURATION) 11 months

(Signed) Harry L. Thorne M. D.

Address Union Protestant Infirmary

Date January 21 - 1909

Place of Burial St. Peters

Date Jan. 23, 09.

Undertaker Wm Cook 190

Address 222 E North Ave

Pernicious Anaemia

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from furnish within *eighteen hours after death*, to the Undertaker or other person superintending the case comes under his notice, to as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 6 C18971 Registered No. C

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 609 Bradley St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella Robinson

Residence, Give Street and Number, 609 Bradley St

Duration of Residence in Baltimore, 2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): N. Car.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 609 Bradley St

Filed 1/23 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 21 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Disease

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Arnold Bandrum M. D.

Address 700 N. Laf. Ave (Coroner)

Date Jan. 21 1909

Place of Burial Laurel

Date January 24 1909

Undertaker R. F. Elliott

Address 502 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C18972 Registered No. C [illegible] 134

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Augusta Scott

Residence, Give Street and Number, 1004 Price Place

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Augusta Scott

(Address) 506 Rogers Price place

Filed 1/23 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 21 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan 21 1909

that I last saw her alive on Jan 21 1909

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate,)

Shock due to Secondhaemorrhage

(DURATION) 7 hrs

Contributory (Primary) Ruptured ectopic pregnancy (DURATION) 7 weeks

(Signed) Wallace Hartland M. D.

Address St Josephs German Hosp

Date Jan 21 1909

Place of Burial Lorel

Date Jan 24 1909

Undertaker R T Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

and the cause and date of death.

Ward ..... Reg. No. B C18973 41

CERTIFICATE OF DEATH.

(Place of Death.) No. 1641 E. Madison St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Rosie Davis

{Residence, if in Baltimore, Give Street and Number.} 1641 E Madison St

Duration of Residence in Baltimore. Live

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friend Rebecca Reynolds

(Address) 1641 E. Madison

Filed 1/23 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 21 1909

I HEREBY CERTIFY, That I attended deceased from April 26 1908 to Jan 21 1909 that I last saw h[illegible] alive on Jan 21 1909, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Enteritis

about 8 Mos. (DURATION) DAYS

Contributory (Primary.) Carcinoma (Rectum) about 2 yrs (DURATION) DAYS

(Signed) W F Harris M.D.

Address 1349 Druid Hill Ave

Date Jan 22 1909

Place of Burial Laurel

Date Jan 24 1909

Undertaker R A Elliott

Address 506 Reynolds Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

BY BLACK LINES.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED

Ward ..... Registered No. C18971 C15574

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Johnson

Residence, Give Street and Number, Old York Road Waverly

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR B

DATE OF BIRTH .....1.....

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

Supt. BAY VIEW ASYLUM.

(Address) .....

Filed 1/23 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 21 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 21 1909

that I last saw h e alive on Jan 21 1909

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cystitis

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) H. V. Ethel M. D.

Address Bay View Hosp.

Date Jan 21 1909

Place of Burial Forest

Date Jan 23 1909

Undertaker R. F. Elliott

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. D .....

C18978

CERTIFICATE OF DEATH.

120

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Stokes

{ Residence, if in Baltimore, Give Street and Number. } 909 Mc Donough Street

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 39 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Walter Stokes

(Address) 909 Mc Donough

Filed 1/23 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1909 to Jan 21 " 1909 that I last saw her alive on Jan 21 " 1909, and that death occurred, on the date stated above, at 5.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Pyemia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J M Hanes M.D.

Address Johns Hopkins Hospital

Date Jan. 21 1909

Place of Burial Mt Auburn

Date January 24 1909

Undertaker R A Holcomb

Address 906 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C18976

City of Baltimore, (No. 2000 Oakley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jesse A Ridley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 21st 1874 (Month) (Day) (Year)

AGE: 34 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Indiana

FULL NAME OF FATHER: Jesse A. Ridley

BIRTHPLACE OF FATHER (State or country): Indiana ~~Indiana~~

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Indiana

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. E. [illegible] Williams

(Address) 2000 Oakley St.

Filed 1/23 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 21 (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from November 1908 to Jan 21 1909

that I last saw him alive on Jan 20 1909, 7.45 A. M. and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

Tuberculosis

of about 18 months (DURATION) DAYS

Contributory Hemorrhage of lungs one week (DURATION) DAYS

(Signed) John F. Mangan M. D.

190 (Address) 100 N Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 24th 1909

UNDERTAKER: Mr. & Mrs John W. Leyd

ADDRESS: 801 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single),

(2)

Ward 14 C18977 Registered No. C C18977

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 25 N Fremont ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Gordan Kennedy

Residence, Give Street and Number, 25 N Fremont Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Nov 30 1908

AGE ..... years, 1 months, 22 days

SINGLE, ~~MARRIED, WIDOWED~~ OR DIVORCED. Single

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Wm J Kennedy

BIRTHPLACE OF FATHER (State or county) Balto Md

MAIDEN NAME OF MOTHER Annie C Morris

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Carroll

(Address) 25 N. Fremont st

Filed 1/23 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan 18 1909 to Jan 21 1909

that I last saw h in alive on Jan 21 1909

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

1 month (DURATION) ..... DAYS

Contributory (Primary) Cystitis

(DURATION) 1 DAYS

(Signed) J. E. Muse M. D.

Address 655 Columbia ave

Date Jan 22 1909

Place of Burial Mt Peter

Date Jan 23d 1909

Undertaker John F Bowman

Address 901 Hollins st

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition

Ward 9 · C18978 Registered No. B

C 18978 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 N Montford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Miller

{Residence, if in Baltimore, Give Street and Number.} 1102 N Montford ave

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 11th 1844

AGE 64 years, 9 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Conrad Leonhardt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Yost

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Miller

(Address) 1102 N. Montford ave

Filed 1/23 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21st 1909

I HEREBY CERTIFY, That I attended deceased from May 15th 1908 to January 21st 1909 that I last saw her alive on January 17th 1909, and that death occurred, on the date stated above, at 9:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure, caused by Diabetes & Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J C Burton M.D.

Address 1809 N. Charles St

Date January 22nd 1909

Place of Burial Trinity Lutheran Cemetery

Date January 25th 1909

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — Registered No. B C18979

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 1317 E. Monument St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Vivian B. Feggens

{Residence, if in Baltimore, Give Street and Number.} 1317 E. Monument st. ~~Vivian B. Feggens~~

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR colored

DATE OF BIRTH 1

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Jagon

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Laura James

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Laura Jagon

(Address 1317 E Monument St

Filed 1/23 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 — 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 14 — 1908 to Jan. 21 — 1909 that I last saw h er alive on Jan. 20 — 1909, and that death occurred, on the date stated above, at 12 05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

6 weeks (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date 190

Place of Burial Mt Zion Ch

Date Jan 24th 1909

Undertaker Wm J. G. Jackson

Address 1421 Mitchell Ave

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C18980 — Registered No. C C18980

80

CERTIFICATE OF DEATH.

(Place of Death.) No. 2804 Clifton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma M. Stuart

Residence, Give Street and Number, 2804 Clifton Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH Feb 6th 1831

AGE 77 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER Benton Jones

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER Ann Poole

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. V. D. Stuart.

(Address) 2804 Clifton Ave.

Filed 1/23 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 21 1909.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Angina Pectoris

Unknown (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Lincoln Baldwin M. D.

Address 705 N. Lafayette Ave. (Coroner)

Date Jan. 21 1909

Place of Burial Greenmount Cem.

Date Jan 24th 1909

Undertaker J. Bertram Hilton

Address 1723 W Lafayette Ave.

Remarks

Ward 4

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18981

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1214 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ella V. Riley.

Residence, Give Street and Number, 1214 N. Patterson Park Ave

Duration of Residence in Baltimore, Life time.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Aug 21st 1873

AGE 36 years, 5 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto.

FULL NAME OF FATHER James Flanagan

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Essta Flanagan

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Riley

(Address) 1214 N Patterson Park Ave

Filed 1/23 1909

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 22d 1909

I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1909 to Jan 22d 1909 that I last saw her alive on Jan 22d 1909 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure 5 days
Meningitis

(DURATION) 2 DAYS

Contributory (Primary) Confusion of
Gall Bladder (DURATION) 4 DAYS

(Signed) Albert G. Dingman M. D.

Address 1503 E North Ave.

Date Jan 22nd. 1909

Place of Burial Cathedral Cem

Date Jan 25th 1909

Undertaker Edw M. Funk

Address 811 N. Wolfe St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 7th

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 18982

CERTIFICATE OF DEATH.

(Place of Death.) No. 1312 Hull St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Spencer, Esq.

Residence, Give Street and Number, 1312 Hull St.

Duration of Residence in Baltimore, 66 yrs. Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 22 nd 1842

AGE: 66 years, 11 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto City

FULL NAME OF FATHER: Thos. Spencer

BIRTHPLACE OF FATHER (State or county): Talbott Co

MAIDEN NAME OF MOTHER: Marie Barton

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Spencer

(Address) 1312 Hull St.

Filed 1/23 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 22 — 1909

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Jan 22 1909

that I last saw him alive on Jan 15 1909

and that death occurred, on the date stated above, at 7.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

about 10 yrs. (DURATION) DAYS

Contributory (Primary) General Debility

Five years (DURATION) DAYS

(Signed) L. Pirok M. D.

Address 1510 E. Fort Ave.

Date Jan 22 — 1909

Place of Burial Oaklawn

Date Jan. 25th 1909

Undertaker J. Kelly & Son

Address 2508 Oldham St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C18983 Registered No. B 18983

CERTIFICATE OF DEATH. 120

(Place of Death.) No. 509 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Janssen

{ Residence, if in Baltimore, Give Street and Number. } 509 N. Fremont

Duration of Residence in Baltimore. 52 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 20 1832

AGE 13 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Andrew Klemmer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Elsie —

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. P. Janssen

(Address) 509 N Fremont Ave

Filed 1/23 1909 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan 17 1909 to Jan 22 1909

that I last saw h-- alive on Jan 21 1909

and that death occurred, on the date stated above, at 11:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) 3 DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) Harry Meech M.D.

Address 22 N Carey St

Date Jan 23 1909

Place of Burial Western Cem

Date Jan 25, 1909

Undertaker Jos B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C18984

C18984

CERTIFICATE OF DEATH.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. Bay View Hospital St.

Full Name John Meyda Meyd

Residence, Give Street and Number, ...

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: unknown

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Holliday, Supt.

(Address) ..... BAY VIEW ASYLUM

Filed 1/23 1909 HARRY C. INDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 21, 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1909 to Jan. 22 1909

that I last saw him alive on Jan 21, 1909 6 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate,) Exhaustion

(DURATION) DAYS

Contributory (Primary) Osteo-Sarcoma of Lower Jaw (DURATION) DAYS

(Signed) H. R. Eshn M. D.

Address Bay View Hosp

Date Jan. 22, 1909

Place of Burial Cedar Hill Cemetery

Date January 23 1909

Undertaker F. A. Krauss & Bro.

Address 703 Hanover St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C18985

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 20 E. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca L. Mercer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 80 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Ballzell

BIRTHPLACE OF FATHER (State or country): Frederick Md

MAIDEN NAME OF MOTHER: Lindenberger

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice Mercer

(Address) 20 E Lanvale St

Filed 1/23 1909

HARRY C. ANDREWS, Registrar

PERRIE C. DULANY, DEP. CLERK, BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 21st Thursday 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 16th 1909 to Jan 21st 1909

that I last saw her alive on Jan 21st 1909,

and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Heart Failure

(DURATION) 1 DAYS

Contributory La Grippe

(DURATION) 5 DAYS

(Signed) Edward N. Wise M. D.

Jan 23rd 1909 (Address) 706 N. Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Jany 25th 1909

UNDERTAKER: New Jenkins Undertaking Co

ADDRESS: 300 N Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

READ THE LAWS PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore. C18986

Ward 11 Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 Cathedral St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa C. E. Taylor

Residence, Give Street and Number, #800 Cathedral St

Duration of Residence in Baltimore, life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH March 31st 1834

AGE 75 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Robt A. Taylor

BIRTHPLACE OF FATHER (State or county) Balto Md

MAIDEN NAME OF MOTHER Mary Ann Schroeder

BIRTHPLACE OF MOTHER (State or county) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt A Taylor

(Address) 1304 Eutaw Place

Filed 1/23 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 21 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 21 1909

that I last saw her alive on Jan 21 1909

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Angina Pectoris -

(DURATION) DAYS

Contributory (Primary) Myocarditis of many years (DURATION) DAYS

(Signed) Hans McBaum M. D.

Address 19 W Read St

Date Jan 22 1909

Place of Burial Greenmount

Date Jany 23rd 1909 190

Undertaker Mel Jenkins & Son Co

Address 300 No Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore. C18987

Ward

Registered No. C

CERTIFICATE OF DEATH.

63

(Place of Death.) No. 1018 St Paul St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rosa Robinson Nicholson

Residence, Give Street and Number, 1018 St. Paul St.

Duration of Residence in Baltimore, Thirty seven years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 23rd 1842

AGE: 66 years, months, days

~~SINGLE, MARRIED, WIDOWED OR~~ DIVORCED. Married

BIRTHPLACE (State or county): Jefferson County Va now West Va

FULL NAME OF FATHER: Archibald Robinson

BIRTHPLACE OF FATHER (State or county): Baltimore Md

MAIDEN NAME OF MOTHER: Ann Kearsley Mines

BIRTHPLACE OF MOTHER (State or county): Jefferson County Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace L. Nicholson

(Address) 1018 St. Paul St.

Filed 1/23 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 22 1909

I HEREBY CERTIFY, That I attended deceased from May 1908 to Jan 21" 1909

that I last saw he alive on Jan 21" 1909

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Paroxysis agitans (DURATION) 1 year DAYS

(Signed) H. B. Thomas M. D.

Address 1007 Cathedral St

Date Jan. 22" 1909

Place of Burial Greenmount

Date January 24th 1909

Undertaker J. W. Jenkins Son Co

Address 300 W. Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THIS IS A PERMANENT RECORD.

C18988

HEALTH DEPARTMENT, City of Baltimore.

Ward

Registered No. C 18988

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 S. Chester St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Miller

Residence, Give Street and Number, 415 S. Chester St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 25th 1906

AGE: 2 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Nicklas Miller

BIRTHPLACE OF FATHER (State or county) City

MAIDEN NAME OF MOTHER Neal Hinkes

BIRTHPLACE OF MOTHER (State or county) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R. Miller

(Address) 415 S Chester St

Filed 1/23 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany 23 1909

I HEREBY CERTIFY, That I attended deceased from Jany 20 1909 to Jany 22 1909 that I last saw h[illegible] alive on Jany 22 1909 and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Diphtheria (DURATION) 2 DAYS

Contributory (Primary) Cardiac Complications (DURATION) DAYS

(Signed) O L Long M. D.

Address 2429 East Ave

Date Jany 23 1909

Place of Burial St Alphonsis Ro[illegible]

Date Jan 23rd 1909

Undertaker St Nicolaus & Son

Address 1821 Eastern Ave

Remarks Funeral Jan 23rd 4 P. M.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C18989

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1920 Mc Culloh St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wolf Robinson

Residence, Give Street and Number, 1920 Mc Culloh

Duration of Residence in Baltimore, 19 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: .....1.....

AGE: 58 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Robinson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosen

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Silberman

(Address) 1920 Mc Culloh St

Filed 1/23 1909

HENRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 22 1909

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Jan 22 1909

that I last saw h.. alive on Jan 21 1909

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cancer of Stomach + liver

(DURATION) 3 months DAYS

Contributory (Primary) Abdominal Dropsy & heart Weak (DURATION) 7 DAYS

(Signed) Julius Friedmann M. D.

Address 1013 N Charles St

Date January 22 1909

Place of Burial Hebrew Foundal Co

Date Jan. 24, 1909

Undertaker Max Levinson

Address 1620 Mc Clellan St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 1st

Registered No. B C18990

C18990

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1724 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Szymanski

{Residence, if in Baltimore, Give Street and Number.} 523 S. Washington St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Janur 27 1866

AGE: 22 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michal Szymanski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Leokadia Borowicz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marianna Szymanski

(Address) 523 S. Washington St

Filed 1/23 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Janur 22 1909

I HEREBY CERTIFY, That I attended deceased from Janur 22 1909 to Janur 22 1909 that I last saw him alive on Janur 22 1909, and that death occurred, on the date stated above, at 5:30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 3 Months

Contributory (Primary.) Carcinoma

Insufficiency (DURATION) 3 Months

(Signed) J. J. Szewalski M.D.

Address 1713 Bank St

Date Janur 23 1909

Place of Burial Holy Rosary

Date Janr 25 1909

Undertaker Joseph Zbrowski

Address 1705 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. C 18991

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penna R. R. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ira H Stup

Residence, Give Street and Number, 3461 Chestnut Ave

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Francis T. Stup

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Annie Grove

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Stup.

(Address) 3461 Chestnut Ave

Filed 1/23 1909

HARRY O. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 21 1909

I HEREBY CERTIFY, That I ~~attended~~ saw deceased from Jan 21 1909 to 1909

that I last saw h alive on 1909

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

(DURATION) DAYS

Contributory (Primary) Uremia

Fracture Skull (DURATION) DAYS

(Signed) [illegible] M. D.

Address 520 N. Chas St.

Date Jan 22 1909

(Hampden)

Place of Burial St Marys. Cedar

Date Jan. 23. 1909

Undertaker Thos Cook

Address 502 E Hoffman

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C C18992

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2115 Cromwell Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M Snavely

Residence, Give Street and Number, 2115 Cromwell Av

Duration of Residence in Baltimore, 2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 76 years — months — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Pa

FULL NAME OF FATHER: Saml Eisminger

BIRTHPLACE OF FATHER (State or county): Pa

MAIDEN NAME OF MOTHER: Elizabeth Simmy

BIRTHPLACE OF MOTHER (State or county): Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F H Rudy

(Address) 2115 Cromwell Av

Filed 1/23 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 22 1909

I HEREBY CERTIFY, That I attended deceased from Sept 1909 to Jan 21 1909

that I last saw h e alive on Jan 21 1909

and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Organic Heart disease

— years (DURATION) — DAYS

Contributory (Primary) Indigestion (DURATION) 5 DAYS

(Signed) Francis D. McCarroll M. D.

Address 416 E North ave

Date Jan 22 1909

Place of Burial Mountain Sinai Cem

Date Jan 25/1909 190

Undertaker Wm Cook

Address 2502 E Fairfax

Remarks

Ward 8 C18993 Registered No. B C18993

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 2042 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel E. Colligan

{ Residence, if in Baltimore, Give Street and Number. } 2042 E. Hoffman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 27th 1908

AGE ..... years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jas. M. Colligan

BIRTHPLACE OF FATHER (State or country) Washington D. C.

MAIDEN NAME OF MOTHER Elizabeth Hildebrand

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Colligan

(Address) 2042 E. Hoffman St.

Filed 1/23 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 1909

I HEREBY CERTIFY, That I attended deceased from Jan 13 1909 to Jan 21 1909 that I last saw h[illegible] alive on Jan 21 1909, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Acute Pneumonitis (DURATION) 7 DAYS

(Signed) Alvin B. Lemmon M.D.

Address 742 N. Patterson Park Ave

Date Jan 22 1909

Place of Burial Mt. Auburn Cemetery

Date Jan. 24th 1909

Undertaker H. Dandes Sons

Address 1910 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C 18994

CERTIFICATE OF DEATH.

97

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otis Young

Residence, Give Street and Number,

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/23 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 21, 1909.

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1908 to Jan. 21, 1909

that I last saw him alive on Jan. 21 1909

and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure

..... (DURATION) ..... DAYS

Contributory (Primary) Bronchial

Cesthyra (DURATION) DAYS

(Signed) ..... M. D.

Address Bay View Asy.

Date Jan. 22, 1909.

Place of Burial Western Cemetery

Date Jan 24 1909

Undertaker J. Pascault & Co

Address 1607 Madison ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 Registered No. C 18995

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 N. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha A Soyer

Residence, Give Street and Number, 1414 N. Central ave

Duration of Residence in Baltimore, 16 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR W

DATE OF BIRTH Apr 15 1838

AGE 71 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Belair md

FULL NAME OF FATHER Ludwin Gordon

BIRTHPLACE OF FATHER (State or county) Belair md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) Belair md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Soyer

(Address) 1414 N. Central ave

Filed 1/23 1909 HARRY O. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1909 to Jan. 20 1909

that I last saw h/er alive on Jan. 21 1909

and that death occurred, on the date stated above, at 3 V a M. CAUSE OF DEATH (Secondary or Immediate,)

Diabetic Coma -

(DURATION) 1 DAYS

Contributory (Primary) Diabetic Mellitus

(DURATION) 6 mos.

(Signed) A Ellis M. D.

Address 1519 N. Caroline St.

Date Jan. 22 1909

Place of Burial Belair Harford Co. Md

Date Jan 25 1909

Undertaker Robt J Turner

Address 1442 N Broadway

Remarks

Ward 15 Registered No. B C18996

C18996

CERTIFICATE OF DEATH.

(Place of Death.) No. 1807 Fulton Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pearl Hall

{Residence, if in Baltimore, Give Street and Number.} 1807 a Fulton Terrace

Duration of Residence in Baltimore. 23 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colred

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER F. Hall

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Hose Wirk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Hall

(Address) 1807 Fulton Ave

Filed 1/23 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 28 1908 to Jan 21, 1909 that I last saw her alive on Jan 20, 1909, and that death occurred, on the date stated above, at 12:55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage (DURATION) 2 DAYS

Contributory (Primary) Pulmonary Tuber Culosis (DURATION) ? DAYS

(Signed) Wm H Wm M.D.

Address 1373 N. Cooley 8

Date Jan. 21, 1909

Place of Burial Mt Auburn

Date Jan 23 1909

Undertaker Wm J. Johnson

Address 614 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 27

Registered No. C 18997

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 W. Conway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nora Evans

Residence, Give Street and Number, 215 W. Conway St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Richmond Va.

FULL NAME OF FATHER: Anderson Evans

BIRTHPLACE OF FATHER (State or county): Richmond Va.

MAIDEN NAME OF MOTHER: Bettie Butler

BIRTHPLACE OF MOTHER (State or county): Richmond Va.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward J. Evans (Brother)

(Address) 215 W. Conway St.

Filed

Jan 23 1909 HARRY O. ANDREWS. Registrar.

PERMIT CLERK.

Remarks .....

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 23 1909.

I HEREBY CERTIFY, That I attended deceased from Dec 15 1908 to Jan 23 1909.

that I last saw h alive on Jan 22 1909

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Dan'l Pulmonary (DURATION) ..... DAYS

Contributory (Primary) Tuberculosis (DURATION) ..... DAYS

(Signed) Thad Rowland M. D.

Address 602 N. Charles St.

Date Jan 23 1909.

Place of Burial Richmond Va.

Date January 24 1909

Undertaker John H. Toadvine

Address 1420 W. Hill Street

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

Registered No. C 18998

166

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander S. Redden

Residence, Give Street and Number, Philadelphia Pa

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH Feb 28 1884

AGE 24 years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~. Single

BIRTHPLACE (State or county) Denton Md

FULL NAME OF FATHER A. S. Redden

BIRTHPLACE OF FATHER (State or county) Caroline Co-Md.

MAIDEN NAME OF MOTHER Sarah W. Stewart

BIRTHPLACE OF MOTHER (State or county) Caroline Co.

OCCUPATION OF DECEASED R R Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. S. Redden

(Address) 706 W. Pennsylvania Ave

Filed Jan 23, 1909 HARRY O. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 21 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1080 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Body mangled by engine No 1406 of B & O. (accidental)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Carruthers M. D.

Address Coroners Office

Date Jan. 23-09 190

Place of Burial Denton Md Caroline Co

Date Jan 24 1909

Undertaker Wm. J. McKnew

Address Carroll & Paca

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C18999

Ward 13 C18999 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 61 Spring Row. Hampden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia J Hood

{Residence, if in Baltimore, Give Street and Number.} 61 Spring Row Hampden

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 28th 1907
AGE	1 years, 11 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto —
FULL NAME OF FATHER	Thos Hood
BIRTHPLACE OF FATHER (State or country)	Balto —
MAIDEN NAME OF MOTHER	Anna. Hood.
BIRTHPLACE OF MOTHER (State or country)	Balto —
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hood

(Address) 61 Spring Row

Filed Jan 23 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22nd 1909

I HEREBY CERTIFY, That I attended deceased from Dec 26 1908 to Jan 22 1909

that I last saw h[er] alive on Jan 21 1909, 9.20 A. M. and that death occurred, on the date stated above, at 1

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia followed by asthenia & collapse

(DURATION) 27 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Wm H Fedderman M.D.

Address 800 1st Ave

Date Jan 22nd 1909

Place of Burial St. Marys Hampden

Date Jan 23 1909

Undertaker Wm. E. Chenoweth & Son

Address 919-3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C C19000

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2013 North Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Myers.

Residence, Give Street and Number, 2013 North Charles St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH October 1834

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED ~~OR DIVORCED~~. Widowed

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER Alexander Myers

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Catherine Knight

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Belle. Myers.

(Address) 2013 N. Charles St

Filed Jan 23 1909 HARRY O. ANDREWS. Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 20 1909

I HEREBY CERTIFY, That I attended deceased from Jan 16 1909 to Jan 20 1909

that I last saw him alive on Jan 19 1909

and that death occurred, on the date stated above, at 3 M.

CAUSE OF DEATH (Secondary or Immediate,)

Heart failure, asthenia

Uraemia,

Unknown (DURATION) DAYS

Contributory (Primary) Aortic insufficiency. Chronic Bright's disease (DURATION) 30 DAYS

(Signed) Irving Miller M. D.

Address 108 E. North Ave

Date 190

Place of Burial Johns Hopkins Waverly

Date January 24th 1909 190

Undertaker New Jenkins Bros Co

Address 300 W Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C19001 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. New Reservoir Camp. Forest Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Palmer

{Residence, if in Baltimore, Give Street and Number.} New Reservoir Camp. Forest Park

Duration of Residence in Baltimore. 1 Yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH April 28 1907

AGE 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Phila. Pa

FULL NAME OF FATHER Washington Palmer

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mildred Harris

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Palmer

(Address) New Reservoir Camp

Filed Jan 23 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan 22 1909

that I last saw her alive on Jan 22 1909

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Marasmus

(DURATION) 2 Yrs

(Signed) W. D. Olmstead M.D.

Address 1828 W. North Ave

Date January 23 1909

Place of Burial Laurel. ✓

Date Jan 24 1909

Undertaker N. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 19002

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 600 Eisgentt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gettie Finkin Jenkin

Residence, Give Street and Number, 600 Eisgentt (sic)

Duration of Residence in Baltimore, 3 months.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Octob 22 1908

AGE — years, 3 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER Morris Finkin

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Gittel Kraft

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Miller

(Address) 600 Eisgentt St.

Filed Jan 23 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 22d 1909

I HEREBY CERTIFY, That I attended deceased from January 16 1909 to January 16 1909 that I last saw her alive on January 16 1909 and that death occurred, on the date stated above, at 10 P.M.

M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Bronchitis.

(DURATION) 14 DAYS

Contributory (Primary) Marasmus

(DURATION) 3 months DAYS

(Signed) M. Lindeman M. D.

Address 900 E. Balto St.

Date January 23d 1909

Place of Burial Rose Dale Cemetery

Date January 24, 1909

Undertaker Max Levinson

Address 1620 McElderry st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 19003

CERTIFICATE OF DEATH. C19003

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Reed

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M | COLOR: Nr.

DATE OF BIRTH: ..... 1 .....

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: W

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/24 1909 HARRY C. ANDREWS Registrar.

FARMIT CLERK.

2x9

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 22nd 1909

I HEREBY CERTIFY, That I attended deceased from Nov 7 1908 to Jan 22 1909

that I last saw h[illegible] alive on Jan 22 1909

and that death occurred, on the date stated above, at 10 15 M.

CAUSE OF DEATH (Secondary or Immediate,)

Chronic Cong. Endocarditis

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) H. V. Baker M. D.

Address Bay View Hosp

Date Jan 23 1909

Place of Burial Baltimore Cemetery

Date Jan 25th 1909

Undertaker Albert E Fuller

Address 221 N. Broadway

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. C 19004 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2404 Riggs Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Biggs

Residence, Give Street and Number, 2404 Riggs "

Duration of Residence in Baltimore, 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Dec. 25 1837

AGE (71) 71 years, 0 months, 28 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Meyers

(Address) 2404 Riggs Ave

Filed 1/24 1909 Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1909 to Jan. 22 1909

that I last saw her alive on Jan. 10 A.M. 1909

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) Homer R. Todd M. D.

Address 1025 Gilmor St

Date Jan. 23 1909

Place of Burial Western Cem.

Date January 24 1909

Undertaker Johns Bowman

Address 901 Pulaski St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C19005 C19005

Ward 3 Registered No. B

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 1004 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonio Cuneo

{Residence, if in Baltimore, Give Street and Number.} 1004 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Jan 23 1909

AGE: ..... years, ... months, 2 days

~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Antonio Cuneo

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Josephine Bonaldo

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Cuneo

(Address) 1008 Eastern Ave.

Filed 1/24 1909 HARRY C. ANITZ 1749 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23 1909 to Jan 23 1909 that I last saw h[illegible] alive on Jan 23 1909, and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate

Heart Failure

(DURATION) 2 hrs DAYS

Contributory (Primary.) Premature Birth 7 mo

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 516 S Broadway

Date Jan 24 1909

Place of Burial St. Vincent Cem.

Date Jan. 24th 1909

Undertaker Trudell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE BACK PAGE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C19006 — Registered No. C C19006

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 W. Lafayette ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name James T. Conley

Residence, Give Street and Number, 1418 W. Lafayette ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Apr 3rd 1873

AGE: 35 years, 9 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: James Thomas Conley

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Georgiana Kline

BIRTHPLACE OF MOTHER (State or county): Maryland

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Cabenagle

(Address) 1418 W. Lafayette ave

Filed 1/24 1909 — HARRY O. ANDREWS Registrar. PERMIT CLERK.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 23rd 1909

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1909 to Jan 23 1909

that I last saw him alive on Jan 23 1909

and that death occurred, on the date stated above, at 12:30 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary) Tuberculosis (Pulmonary) (DURATION) 90 DAYS

(Signed) J Wade M. D.

Address 1719 E. Baltimore

Date Jan 23rd 1909

Place of Burial New Cathedral

Date Jan 25th 1909

Undertaker Geo. Weber

Address 115 S. Carey st

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Wade 1719 E Balto

HEALTH DEPARTMENT, City of Baltimore.

C19007

Ward ..... Registered No. B C19007

CERTIFICATE OF DEATH.

(Place of Death.) No. 2517 Canton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G. Betz

{ Residence, if in Baltimore, Give Street and Number. } 2517 Canton Av.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 27 Oct. 1843

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christopher Betz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: B. Holtzhaus

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matthew Betz

(Address) 2405 Caston av.

Filed 1/26 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21 - 1909

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1908 to Jan. 21 1909 that I last saw h[illegible] alive on Jan 21 1909, and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) ..... DAYS

Contributory (Primary.) Bright's Disease and Val. Dis. of Heart (DURATION) one year DAYS

(Signed) Louis Wilkins M.D.

Address 6 E. Brady

Date Jan. 22 1909

Place of Burial Holy Redeemer Cemetery

Date Jan 25 1909

Undertaker Lilly and Zeiler

Address 463 S. Hoffman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C19008

Registered No. C C19008

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 N. Chapel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Bauer

Residence, Give Street and Number, 208 N. Chapel St.

Duration of Residence in Baltimore, 68 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Dec 16th 1820

AGE 88 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Bavaria

FULL NAME OF FATHER George A. Baumler

BIRTHPLACE OF FATHER (State or county) Bavaria

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (State or county) Bavaria

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph W. Rodert

(Address) 208 N. Chapel

Filed 1/24 1909

HARRY C. ANDREWS Registrar.

PERMIT CLERK.

Remarks Prof

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan 21st 1909 to Jan 22 1909

that I last saw her alive on Jan 22 1909

and that death occurred, on the date stated above, at 4 00 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Hypostatic Pneumonia

(DURATION) DAYS

Contributory (Primary) Ex Prostrata

(DURATION) DAYS

(Signed) Albertus Cattus M. D.

Address 1528 E. Balto

Date Jan 23rd 1909

Place of Burial Holy Redeemer Cemetery

Date Jan 25th 1909

Undertaker Lilly and Zeiler

Address 403 S. Wolfe St.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. C 13909

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 130 r Towson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lawrence Sturla

Residence, Give Street and Number, 130 r Towson St.

Duration of Residence in Baltimore, lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 19 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Laurence Sturla

BIRTHPLACE OF FATHER (State or county): ~~Italy~~

MAIDEN NAME OF MOTHER: Elizabeth Preil

BIRTHPLACE OF MOTHER (State or county): Balto. Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Sturla

(Address) 302 Towson St.

Filed 1/24 1909

Registrar.

HARRY O. ANDREWS, PERMIT CLERK.

Remarks Jan 9

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan 3 1909 to Jan 22 1909 that I last saw h in alive on Jan 17 1909 and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate,)

Laryngeal & Pulmonary Tuberculosis

(DURATION) abt 1 yr. DAYS

Contributory (Primary) Endocarditis

(DURATION) DAYS

(Signed) Robt. P. Schmidt M. D.

Address 1318 Park Ave

Date Jan 24 1909

Place of Burial Cathedral Cemetery

Date Jan. 25 1909

Undertaker M and M.G. Flynn

Address 42 West St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C19010 Registered No. B C19010

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M. Scott.

{ Residence, if in Baltimore, Give Street and Number. } 1509 Henry St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 29. 1899

AGE 9 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John M Scott.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sadie Thompson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Scott

(Address) 1509 Henry St.

Filed 1/24 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 21 1909 that I last saw him alive on 1.21 1909, and that death occurred, on the date stated above, at 10.18 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

21 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Dunlington M.D.

Address 102 E Fort ave

Date Jan 24 1909

Place of Burial CEDAR HILL

Date JAN 24 1909 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C19011 Registered No. B C19011

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Clavansky 93

{ Residence, if in Baltimore, Give Street and Number. } 1018 Granby St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	1
AGE	years, 14 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Leinner

(Address) 1018 Granby st

Filed 1/24 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 18 1909 to Jan. 23 1909 that I last saw h in alive on Jan. 23 1909, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia.

(DURATION) DAYS

Contributory (Primary.) Acute lobar

Pneumonia (DURATION) DAYS

(Signed) Wm J Schmitz M.D.

Address City Hospital.

Date Jan 23 1909,

Place of Burial Hebrew Rodale

Date Jan. 26 1909

Undertaker May Leinner

Address 1612 N. Eldorado St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C19012

Ward 11 C19012 Registered No. B

CERTIFICATE OF DEATH.

90

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Read

{Residence, if in Baltimore, Give Street and Number.} Sharonville Point Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Black
DATE OF BIRTH 1	
AGE 60 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr W Williams

(Address) M & Gen'l Hosp

Filed 1/24 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1909.

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1909 to Jan 23 1909 that I last saw h. alive on Jan 23 1909, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

E. Ranstein

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) J. F. Williams M.D.

Address Md. Gen. Hosp.

Date Jan 23 1909.

Place of Burial Sharon Pt. Balto Co. Md

Date Jan 24 1909

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C19013 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Jones

{ Residence, if in Baltimore, Give Street and Number. } 5-31 Orchard Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 85 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Davenport

(Address) 406 Ros Pearl st

Filed Jun 24 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 21" 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4" 1909 to Jan 21" 1909 that I last saw h alive on Jan 21 1909, and that death occurred, on the date stated above, at 2-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. P. Gatch M.D.

Address Johns Hopkins Hospital

Date January 22 1909

Place of Burial St Charles Cemetery

Date Jan 25 1909 Pikesville

Undertaker R. S. Elliott

Address 606 Preston Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23

Registered No. B

CERTIFICATE OF DEATH. C190179

(Place of Death.) No. 2023 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Welch

{Residence, if in Baltimore, Give Street and Number.} 2023 Hanover St.

Duration of Residence in Baltimore. 1 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 12 - 20 - 1857

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Michael Welch

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Elizabeth Mitchell

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Welch

(Address) 2023 Hanover St.

Filed Jan 24 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 23 1909

I HEREBY CERTIFY, That I attended deceased from Dec 25 1908 to Jan 23 1909 that I last saw him alive on Jan 23 1909, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Heart

(DURATION) 7 DAYS

Contributory (Primary.) Chronic Endocarditis (DURATION) Indefinite DAYS

(Signed) P.E.L. Campbell M.D.

Address 1644 Hanover St.

Date Jan 23 1909

Place of Burial Holy Cross A.A. Co.

Date Jan 25 1909

Undertaker John J. Fahey & Son

Address 1232 Hillsdale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C19015

Ward 17

Registered No. B C19015

CERTIFICATE OF DEATH. 61

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgr M. Binder

{Residence, if in Baltimore, Give Street and Number.} 320 west 28th St,

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 14 1897

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo M. Binder

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E. Baublitz Lawler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M Binder

(Address) 320 W. 28th St.

Filed Jan 24 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 22 1909

I HEREBY CERTIFY, That I attended deceased from January 17 1909 to Jan 22 1909 that I last saw him alive on Jan 22 1909, and that death occurred, on the date stated above, at 11-35 11-35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tumor of St Lukes Hospital.

(DURATION) DAYS

Contributory (Primary.) Cerebro Spinal Meningitis (DURATION) 7 DAYS

(Signed) Chas Stuart Gordon M.D.

Address 1800 N. Chas St

Date Jan 23 1909

Place of Burial Cathedral Cem

Date Jan. 25 1909

Undertaker E Hook

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C19016 Registered No. C C19016

CERTIFICATE OF DEATH. 104

(Place of Death.) No. 115 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna K. ~~Zirbus~~ Czirbus

Residence, Give Street and Number, 115 Scott.

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 16 1908

AGE: years, 3. months, 3. days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: Anna Czirbus

BIRTHPLACE OF MOTHER (State or county): Hungary

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Krause

(Address) 723 Lemmon St

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan 24 1909

that I last saw h[illegible] alive on Jan 24 1909

and that death occurred, on the date stated above, at 12.30 a. M. CAUSE OF DEATH (Secondary or Immediate,)

Gastritis

(DURATION) 4 DAYS

Contributory (Primary) [illegible]

(DURATION) [illegible] DAYS

(Signed) [illegible] M. D.

Address 917 Lemmon

Date Jan 24 1909

Place of Burial Most Holy Redeemer

Date January 25 to 1909

Undertaker William Cook

Address 502 E. North Ave

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C19017 Registered No. C .....

CERTIFICATE OF DEATH.

C19017

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Rodgers

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W

DATE OF BIRTH: —

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 22 1909

I HEREBY CERTIFY, That I attended deceased from Dec 18 1908 to Jan 22 1909

that I last saw h living alive on Jan 22 1909

and that death occurred, on the date stated above, at 11 M.

CAUSE OF DEATH (Secondary or Immediate,)

Apnoea 5 Epilepsy

(DURATION) DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) 6 DAYS

(Signed) R W Tate M. D.

Address Bay View Hosp.

Date Jan 23 1909

Place of Burial Sacred Heart

Date Jany 25" 1909

Undertaker Chas H Evans

Address 118 W Mt Royal Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 C19018 Registered No. B C19018

CERTIFICATE OF DEATH.

(Place of Death.) No. W. Erdman Ave Lake Montebello St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J Diggs

{Residence, if in Baltimore, Give Street and Number.} W. Erdman ave Lake Montebello

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 16th 1827

AGE: 81 years, 4 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Jesse Diggs

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: don't Know

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J B Diggs

(Address) Connecticut ave Irvington

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 22 1909 to Jan 24 1909 that I last saw h~~im~~ alive on Jan 24 1909, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

acute dilatation following chronic Valvular disease.

(DURATION) 2 DAYS

Contributory (Primary.) arteriosclerosis senile (DURATION) DAYS

(Signed) Harry Boyce M.D.

Address 1024 E. North ave

Date Jan 24 1909

Place of Burial London Park Cemetery

Date January 26th 1909

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 14 — C19019 — Registered No. B C19019

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 602 Gold St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name ~~Infant of Wm.~~ and Bettie Alexander. ~~Infant~~ Hattie B. Elizabeth Alexander.

{Residence, if in Baltimore, Give Street and Number.} 602 Gold St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: January 18 1909

AGE: — years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): 602 Gold St Balto. Md

FULL NAME OF FATHER: William Alexander

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Bettie Suter

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Shannon

(Address) 700 N. Fulton Ave

Filed 1/27 1909 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23. 1909

I HEREBY CERTIFY, That I attended deceased from Jany 18 1909 to Jany 23. 1909 that I last saw h-er alive on Jany 23 1909, and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Congenital Debility

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 700 N. Fulton Ave

Date January 23 1909

Place of Burial Mt Giron Cem

Date Jan 25 1909

Undertaker Fam. W. Chase Co.

Address 1420 Montpelier

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 10 Col. C19020 Registered No. B C19020

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1122 N. Mount St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edward Stanley

{ Residence, if in Baltimore, Give Street and Number. } 816 Whitecoat St.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt. Md.

FULL NAME OF FATHER John Stanley

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Georgia Low

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 816 Whitecoat

Filed 1/25 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 17 1909 to Jan. 24 1909 that I last saw h[illegible] alive on Jan. 24 1909, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

— (DURATION) 2 DAYS

Contributory (Primary.) Broncho pneumonia (DURATION) 6 DAYS

(Signed) Henry H. Weinberger M.D.

Address Md. Hom. Hos. Resident Physician

Date Jan. 24 1909

Place of Burial [illegible] Cem.

Date Jan 26 1909

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C19021 Registered No. B C19021

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1032 N. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Spencer Keave

{ Residence, if in Baltimore, Give Street and Number. } 1032 N. Stockton St

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1 Sept

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Henry Keave

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Cora Tull

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertina Keave

(Address) 1032 N Stockton

Filed 1/25 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24 1909

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1908 to Jan 24 1909 that I last saw h— alive on Jan 23 1909, and that death occurred, on the date stated above, at 2:25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac and Respiratory Failure (DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Wm H. Wenger M.D.

Address 1373 N. Carey St

Date Jan. 24, 1909

Place of Burial Harding Whit

Date Jan 28 1909

Undertaker Chas. E. Clayton

Address 1400 Mosher St

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

C19022

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH. C19022

Registered No. B.....

City of Baltimore, (No. 1384 N. Stockton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonard Pitts

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR wh

DATE OF BIRTH ..... (Month) ..... (Day) 1 Year)

AGE 2 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo. Pitts

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Carr

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED _____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Pitts

(Address) 1384 N. Stockton St.

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24th 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 22nd 1909 to January 24th 1909 that I last saw him alive on Jan. 23rd 1909, and that death occurred, on the date stated above, at 3.15 A.M. The CAUSE OF DEATH was as follows:

Ch. Cancrum oris

..... (DURATION) ..... DAYS

Contributory Bronchopneumonia.

..... (DURATION) ..... DAYS

(Signed) Geo. W. Lamentbach M. D.

Jan. 24th 1909 (Address) 635 Washington Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel | DATE OF BURIAL Jan 26th 1909

UNDERTAKER Hammett & Wright | ADDRESS 1364 Mary St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C19023 Registered No. B C19023

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 2218 Brunt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah Rollins

{ Residence, if in Baltimore, Give Street and Number. } 2218 Brunt St-

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col'd

DATE OF BIRTH 1810

AGE 99 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Calvert Co. Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Elizabeth Russell

BIRTHPLACE OF MOTHER (State or country) Not Known.

OCCUPATION OF DECEASED Not Known

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno R. Magruder

(Address) 2218 Brunt St-

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 23 1909

that I last saw her alive on Jan 23 1909,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. E. Daughtery M.D.

Address 1625 Pennsylvania Ave

Date Jan 24 1909

Place of Burial Mt Auburn

Date Jan 26th 1909

Undertaker Hammett Wright

Address 1640 Gary St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C19024 Registered No. B C19024

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 935 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Mateja

{ Residence, if in Baltimore, Give Street and Number. } 935 N. Collington Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Josef Mateja

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Anna Prokopetz

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane O'Brien

(Address) 935 Collington Ave

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23 1909

I HEREBY CERTIFY, That I attended deceased from Oct. 22 1908 to Jan. 23 1909 that I last saw h-im alive on Jan. 22 1909, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic valvular disease of heart

(DURATION) 1 year DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Park Ave

Date January 23 1909

Place of Burial Holy Redeemer

Date Jan 26 1909

Undertaker Frank Brach and Son

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE

Ward 20

HEALTH DEPARTMENT, City of Baltimore.

C19025

Registered No. C C19025

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1215 Briscoe St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Laubert

Residence, Give Street and Number, 1215 Briscoi St

Duration of Residence in Baltimore, 1 Year

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH DEC 7 1908

AGE 6 weeks
years, months, days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER Nicholas Laubert

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Catherine Lloyd

BIRTHPLACE OF MOTHER (State or county) Germany

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Laubert

(Address) 1215 Briscoe St.

Filed 1/25 1909 HARRY O. ANDREWS. PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 17 1909 to Jan 21 1909

that I last saw him alive on Jan 21 1909

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Broncho - Pneumonia

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Dr. J. G. Owen M. D.

Address S. E. corner Fairmount Ave and Potomac St

Date Jan 24 1909

Place of Burial Holy Redeemer Cemetery

Date Jan 25 1909

Undertaker James Tignor & Son

Address 1759 W. Hamburg St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE. C19026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

101

CERTIFICATE OF DEATH.

Registered No. BC19026

City of Baltimore, (No. 3005 N. North Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Milroy Suter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March (Month) 25 (Day) 1906 (Year)

AGE: 2 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Harry Milroy Suter

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Nettie Virginia Bailey

BIRTHPLACE OF MOTHER (State or country): Washington, D.C.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Milroy Suter

(Address) 3005 N. North Av.

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 23 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 5 1909 to Jan 23 1909 that I last saw him alive on Jan 22 1909, and that death occurred, on the date stated above, at 12:30 A. M. The CAUSE OF DEATH was as follows:

Tonsilitis and Laryngitis.

(DURATION) 8 DAYS

Contributory Oedema of the Glottis (DURATION) 2 DAYS

(Signed) F. Anderson M. D.

Jan 23 1909 (Address) 2015 Whitmore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 25 1909

UNDERTAKER: Joseph Sfue — ADDRESS: 1630 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B C19027

C19027

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2008 Brunt St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. H. Squirrel.

{ Residence, if in Baltimore, Give Street and Number. } 2008 Brunt St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Isaac Squirrell

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Caterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kelly Johnson

(Address) 2008 Brunt st

Filed 1/25 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23rd 1909

I HEREBY CERTIFY, That I attended deceased from Jan 9 1909 to Jan 23 1909

that I last saw h[illegible] alive on Jan 23 1909

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate

Dropsy Pneumonia

(DURATION) 5 DAYS

Con'tributory (Primary.) Cardiac Dilation

(DURATION) — DAYS

(Signed) W. F. Carr, M.D.

Address 515 Mosher St.

Date Jan 24 1909

Place of Burial Int Auburn & Ont

Date Jan 26th 1909

Undertaker Alex Hensley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 — C19028 — Registered No. B C19028

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1418 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Abraham Augustus

{ Residence, if in Baltimore, Give Street and Number. } 1418 N Mount St

Duration of Residence in Baltimore. 2 weeks 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, ___ months, ___ days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: David Augustus

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lana V. Gooden

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Brent

(Address) 1418 Mount

Filed 1/25 1909 — HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 6 1909 to Jan 23 1909

that I last saw h— alive on Jan 23 1909,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial and Pulmonary Tuberculosis

(DURATION) ___ DAYS

Contributory (Primary.) /

(DURATION) 6 & 8 weeks ~~DAYS~~ ?

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Jan. 24 1909

Place of Burial Mt Auburn Cemt

Date Jan 26th 1909

Undertaker Alex. Hemsley

Address 538 N. Biddle St

WM. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

C19029

Registered No. C C19029

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 Druid St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Johnson

Residence, Give Street and Number, 604 Druid St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH March 1908

AGE — years, 10 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER John E. Johnson

BIRTHPLACE OF FATHER (State or couuty) Md

MAIDEN NAME OF MOTHER Mary E. Blake

BIRTHPLACE OF MOTHER (State or county) Phila Pa

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Johnson

(Address) 604 Druid St

Filed 1/25 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 22 1909 to Jan 23 1909 that I last saw h im alive on Jan 23 1909 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Gastro-Enteritis

Secretion (DURATION) DAYS

(Signed) Jos. G. Strayer M. D.

Address 901 Myrtle Ave

Date Jan. 24. 1909

Place of Burial Laurel Cemetery

Date Jan 25 1909

Undertaker Alex Hensley

Address 578 W. Biddle St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — C19030 — Registered No. B C19030

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 3425 Falls Road St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Henry N. Fisher

{Residence, if in Baltimore, Give Street and Number.} 3425 Falls Road

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 30 1834

AGE: 75 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: Christopher Fisher

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Elizabeth Williams

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Park Employee

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. N. Fisher

(Address) 3425 Falls Rd

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 23d 1909

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1909 to Jan 23d 1909 that I last saw him alive on Jan 23d 1909 and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Rheumatism and Valvular heart disease (DURATION) 6 years DAYS

(Signed) Geo. T. Thrower M.D.

Address 421 Roland Ave

Date Jan 24th 1909

Place of Burial St. Mary's Hampden

Date Jan. 26- 1909

Undertaker Horace Burgee

Address 631 Falls Rd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 19

Registered No. B C19031

C19031

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 240 N Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Sears

{ Residence, if in Baltimore, Give Street and Number. } 240 N Poppleton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 29th 1855

AGE 53 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Francis E Eberhart

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary J. McCubbin

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lu W Sears

(Address) 240 N Poppleton St

Filed 1/25 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1909

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Jan 24th 1909

that I last saw h-- alive on Jan 23rd 1909,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 6 Mo DAYS

Contributory (Primary.) Inanition

(DURATION) 60 DAYS

(Signed) Elijah J. Russell M.D.

Address 423 N Broadway

Date Jan 24 1909

Place of Burial London Park Cemetery

Date June 27 1909

Undertaker Mrs A Robb & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7X C19032 Registered No. B C19032

CERTIFICATE OF DEATH. 7

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mertine Yeatman

{ Residence, if in Baltimore, Give Street and Number. } Lauraville,

Duration of Residence in Baltimore. Md.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fe | COLOR White

DATE OF BIRTH Jan. 2nd 1891

AGE 18 years, months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Millard Yeatman

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliz. Billingslea

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Worked in factory

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Lassahn

(Address) Fullerton Md.

Filed 1/25 1909 HARRY C. ANDREWS; PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 23 1909 to Jan 24 1909 that I last saw h[er] alive on Jan 24 1909, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculous Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Miliary Tuberculosis

(DURATION) 3 DAYS

(Signed) Telesphor Bagley Jr. M.D.

Address Fleetwood Md

Date Jan 25th 1909

Place of Burial Perry Hall Cemetery Balto Co Md

Date Jan. 27th 1909

Undertaker Fredk Lassahn & Sons

Address Fullerton Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C19033 — Registered No. B C19033

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannie M. Curtis

{ Residence, if in Baltimore, Give Street and Number. } 1026 Edmondson Ave

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH July 9 1846

AGE 63 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER H. Marchant

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. R. Curtis Jr

(Address) 1026 Edmondson Ave

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24, 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan. 24, 1909 that I last saw he alive on Jan. 24 1909 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion &
Heart failure

(DURATION) 4 DAYS

Contributory (Primary) Mitral Regurgitation & Chronic passive congestion of lungs (DURATION) DAYS

(Signed) Henry H. Weinberger M.D.

Address Md. How. Hopkins Hospital Resident Physician

Date Jan. 24, 1909

Place of Burial Woodlawn

Date Jan 26 1909

Undertaker G. F. Waller

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 19034

Ward 17

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1322 Brunt St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Foster

Residence, Give Street and Number,

Duration of Residence in Baltimore, 6 yrs. + 13

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Maryland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Foster

(Address) 1322 Brunt St

Filed 1/25 1909 HARRY C. ANDREWS FIRST CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany. 23 1909

I HEREBY CERTIFY, That I attended deceased from July 2 1908 to Jany. 23 1909 that I last saw h alive on Jany. 23 1909 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilatation

(DURATION) 1 DAYS

Contributory (Primary) Mitral Regurgitation

(DURATION) 10 DAYS

(Signed) Robt L. Elliott M. D.

Address 1914 Lafayette Ave

Date Jany. 23 1909

Place of Burial Laurel Cemetery.

Date Jan. 25 1909

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. C19035

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. C C19035 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 N. Bruce St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Duggins

Residence, Give Street and Number, 324 N. Bruce

Duration of Residence in Baltimore, 20 Yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Black.

DATE OF BIRTH: ..... 1 .....

AGE: 74. years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow.

BIRTHPLACE (State or county): N. C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): " "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): " "

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John. Duggins

(Address) 324 N Bruce St

Filed 1/25 1909

HARRY O. ANDREWS, PERMIT CLERK.

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 23. 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Asthma

(DURATION) ..... DAYS

Contributory (Primary) .....

Exhaustion (DURATION) ..... DAYS

(Signed) Hy Lee C Blake M. D.

Address 1014 N La Fayette

Date Jan 24. Coroners 1909

Place of Burial Williamston, Martin Co. North Carolina.

Date Jan 25 1909

Undertaker Felix B. Fox

Address 102 E. Mulberry St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C19036 Registered No. B C19036

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 915 W. Lexington St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Saml F Kolb

{Residence, if in Baltimore, Give Street and Number.} 915 W. Lexington St

Duration of Residence in Baltimore. 72 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR white

DATE OF BIRTH Feb. 2, 1837

AGE 72 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed.

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Michael E. Kolb.

BIRTHPLACE OF FATHER (State or country) Fredrick Md.

MAIDEN NAME OF MOTHER Anna Bell.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Kolb. 915 W. Lexington

(Address) 915 W. Lexington

Filed 1/25 1909 PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 14 1909 to Jan 24 1909

that I last saw h— alive on Jan 24 1909,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 10 DAYS

Contributory (Primary) Asthenia

(DURATION) 3 DAYS

(Signed) H Norwood M.D.

Address 834 W Fayette

Date Jan 24 1909

Place of Burial London Park

Date Jan 27 1909

Undertaker Geo. Hand & Co.

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12

HEALTH DEPARTMENT, City of Baltimore.

C19037

Registered No. C C19037

176

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier 10 Light & Wharf St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George R Brown

Residence, Give Street and Number, 207 N Montgomery St

207 N

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Colored

DATE OF BIRTH Don't know

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Calvert Co Md

FULL NAME OF FATHER Thos. Brown C

BIRTHPLACE OF FATHER (State or county) Calvert Co Md.

MAIDEN NAME OF MOTHER Sara Gross C

BIRTHPLACE OF MOTHER (State or county) Calvert Co Md

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Brown C (wife)

(Address) 207 N Montgomery St

Filed 1/25 1909

HARRY O. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 22 1909

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4:15 M. CAUSE OF DEATH (Secondary or Immediate,)

Drowning Homicide

Having been frosted overboard

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Coroner

Address

Date January 25 1909

Place of Burial Mt. Auburn Cem

Date Jan 25 1909

Undertaker John H. Tobdorn

Address 142 W. Lee St

Remarks

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

C19038

Registered No. C C19038

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 100 N. Dallas St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Empy

Residence, Give Street and Number, 100 N. Dallas St.

Duration of Residence in Baltimore, 35 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1848

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower

BIRTHPLACE (State or county): Anundel Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amey Joines

(Address) 100 N Dallas st

Filed 1/25 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 23, 1909

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1908 to Jan 23 1909 that I last saw him alive on Jan 21, 1909 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Nephritis

(DURATION) 5 Mos

Contributory (Primary) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Lilly M. D.

Address 709 Cumberland St

Date Jan 23 1909

Place of Burial National Cemetery

Date Jan 26 1909

Undertaker John W Henderson

Address 31 N Caroline st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1

Registered No. B C19039

C19039

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1915 E Chase St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmina Koerner

{Residence, if in Baltimore, Give Street and Number.} 1915 E Chase St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Jan 9th 1869

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER William Roettger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabet Rohrbach

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Roettger.

(Address) 1915 E Chase st

Filed 1/25 1909

HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1909

I HEREBY CERTIFY, That I attended deceased from Jan 19 1909 to Jan 22 1909 that I last saw h[illegible] alive on Jan 22 1909 and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

(DURATION) 3 DAYS

Con'tributory (Primary.) Acute Nephritis

(DURATION) 1 DAYS

(Signed) H. S. Gehry M.D.

Address 1732 E Pratt St

Date Jan. 23 1909

Place of Burial Bud Cemetery

Date January 25th 1909

Undertaker Geo Leinbach & Son

Address 647 W. Pratt St

W. M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 Registered No. C 19040

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Eisenske

Residence, Give Street and Number, 1345 Elgin Ave

Duration of Residence in Baltimore, ~

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Kellyday, BAY VIEW ASYLUM.

(Address)

Filed 1/25 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 11 1909 to Jan 23 1909

that I last saw h in alive on Jan 23 1909

and that death occurred, on the date stated above, at 3 20 M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) DAYS

(Signed) W. W. Baker M. D.

Address Bay View Hosp.

Date Jan 23 1909

Place of Burial St. Stanislaus Cemetery

Date Jan 26th 1909

Undertaker Jos. Leinbach & Son

Address 647 N. Paca St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C19041

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C19041

City of Baltimore, (No. 1744 Rehland Av St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A. Vogler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 3 (Month) 1851 (Day) (Year)

AGE: 57 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pegnitz Baravia Germany

FULL NAME OF FATHER: Matthew Vogler

BIRTHPLACE OF FATHER (State or country): Pegnitz Baravia Germany

MAIDEN NAME OF MOTHER: Katherine Dannlein

BIRTHPLACE OF MOTHER (State or country): Pegnitz Baravia Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Vogler

(Address) 613 N Wolfe St

Filed 1/25 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 22 (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from January 5 1909 to January 22 1909 that I last saw him alive on January 22 1909, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 yrs DAYS

Contributory Phthisis Pulmonalis

(DURATION) 2 yrs DAYS

(Signed) A. A. Bendick M. D.

Jan 22 1909 (Address) 1806 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Jan. 26, 1909

UNDERTAKER: H. Sander & Son — ADDRESS: 1210 Caroline

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C19042 Registered No. C C19042

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Lund

Residence, Give Street and Number, 1004 Lemmon Ave

Duration of Residence in Baltimore, 10 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR Black

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widowed

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER Robt Knox

BIRTHPLACE OF FATHER (State or county) " "

MAIDEN NAME OF MOTHER Mary Jackson

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Parker

(Address) 1107 Dolphin Ave

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 20 1909 to Jan 23 1909

that I last saw h alive on Jan 23 1909

and that death occurred, on the date stated above, at 6:15

M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Dilatation

Contributory (Primary) No consultation (DURATION) DAYS

(DURATION) DAYS

(Signed) [illegible] M. D.

Address Church Hospital

Date January 23 1909

Place of Burial Forest Cemetery

Date Jan 26 1909

Undertaker J. A. Parker

Address 1107 Dolphin Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C19043 Registered No. C C19043

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Michael Konieczny 931 Fell St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Konieczny

Residence, Give Street and Number, 931 Fell st

Duration of Residence in Baltimore, 30 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county): Austria

FULL NAME OF FATHER: Blazie Konieczny.

BIRTHPLACE OF FATHER (State or county): Austria

MAIDEN NAME OF MOTHER: Lucy Konieczny.

BIRTHPLACE OF MOTHER (State or county): Austria

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Konieczny Wife.

(Address) 931 Fell St.

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH ..... Jan 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 18 1909 to Jan 23 1909

that I last saw h— alive on Jan 23 1909

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute Pneumonia

(DURATION) 6 DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) J. J. Ventura M. D.

Address 16 E Bowly

Date Jan 24 1909

Place of Burial St St Stanislaus.

Date Tuesday Jany 26" 1909

Undertaker M. F. Sadowski.

Address 703 S Ann St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C19044 — Registered No. C C19044

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1512 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary McCormick

Residence, Give Street and Number, 1512 Division St

Duration of Residence in Baltimore, 30 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female — COLOR White

DATE OF BIRTH ..... 1 .....

AGE 47 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Balto Co Md

FULL NAME OF FATHER John McCormick

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Wiedefeld

(Address) 914 Greenmount Ave

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 22nd 09 190

I HEREBY CERTIFY, That I attended deceased from May 8th 1908 to Jan 22nd 1909 that I last saw h[er] alive on Jan 19th 1909 and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis of Lungs

(DURATION) 2 3/4 ~~yrs~~ mos

Contributory (Primary) /

(DURATION) DAYS

(Signed) H. P. Hill M. D.

Address 1001 Edmondson Ave

Date JAN 23 1909 190

Place of Burial Cathedral

Date Jan 26 1909

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

Remarks

READ THE LAW PRINTED ON THE

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C19045 — Registered No. C C19045

CERTIFICATE OF DEATH.

120

(Place of Death.) No. ~~Cassin Ct~~ 1123 Parrish Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cassie A Wright

Residence, Give Street and Number, 1123 N Parrish Alley

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: Black

DATE OF BIRTH: Dec. 8. 1827

AGE: 82 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Leander Prettman

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Phebe Rendler

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Wright

(Address) 1123 Parrish Alley

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jany 24th 1909

I HEREBY CERTIFY, That I attended deceased from 1-15- 1909 to 1-23- 1909

that I last saw h~~er~~ alive on 1-22- 1909

and that death occurred, on the date stated above, at 11 A.M.

CAUSE OF DEATH (Secondary or Immediate,)

(Bright's Chronic)

Immediate Uremia

about ~~2~~ (DURATION) DAYS

Contributory (Primary) Arterio Sclerosis

uncertain (DURATION) DAYS

(Signed) H. C. Branham M. D.

Address 2200 Eutaw Place

Date January 23 1909

Place of Burial Loretto Mt. Auburn

Date Jany 26 1909

Undertaker Walter Deal

Address 912 W. Washington St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN.

ENCLOSED BY BLACK LINES.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C19046 — Registered No. C C19046

CERTIFICATE OF DEATH.

(Place of Death.) No. 1701 N Durham St St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David E Bishop sr.

Residence, Give Street and Number, 1701 N Durham St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White.

DATE OF BIRTH: March 7 1840

AGE: 68 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widower.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: David E Bishop

BIRTHPLACE OF FATHER (State or county): Unknown

MAIDEN NAME OF MOTHER: Ellen Stratton

BIRTHPLACE OF MOTHER (State or county): Boston

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Bishop

(Address) 1701 N Durham St

Filed 1/25 1909 — J. C. ANDREWS? PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23 1909 to Jan 24 1909

that I last saw h~~im~~ alive on Jan 24 1909

and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate,)

Endocarditis (DURATION) 90 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 190 DAYS

(Signed) John T Avery M. D.

Address 1823 Broadway

Date Jan 24 1909

Place of Burial Greenmount

Date Jan 26/909 — 1909

Undertaker Jno Cook

Address 502 E North ave

Remarks

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

MISSING
C - 1947

HEAD THE LAW PRINTED ON THE

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

C19048

Registered No. C C19048

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 800 N. Montford Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lou H. Stevens

Residence, Give Street and Number, 800 N. Montford Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Col

DATE OF BIRTH: Nov 25 1

AGE: 53 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Henry H. Stevens

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Susana Teeter

BIRTHPLACE OF MOTHER (State or county): Balto

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W. H. Cafferty

(Address) 800 N. Montford Ave

Filed 1/25 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 23 1909

that I last saw him alive on Jan 23 1909

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's Disease.

(DURATION) 30 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) Samuel J. Hung M. D.

Address 2309 E Monument St

Date Jan 24 1909

Place of Burial Greenmount

Date Jan 26 1909

Undertaker W. M. Cook

Address 502 E North Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C19049 Registered No. C .....

CERTIFICATE OF DEATH.

C19049
27

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Woodside

Residence, Give Street and Number, —

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male	COLOR: White
DATE OF BIRTH: 12 — 20 — 1859	
AGE: 50 years, — months, — days	
SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed	
BIRTHPLACE (State or county): Balto. Md	
FULL NAME OF FATHER: do not Know	
BIRTHPLACE OF FATHER (State or county): do not Know	
MAIDEN NAME OF MOTHER: do not Know	
BIRTHPLACE OF MOTHER (State or county): do not Know	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamer Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/25 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 23rd 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan 23 1909

that I last saw h.. alive on Jan 23 1909

and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate,)

C Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) DAYS

(Signed) H W Esher M. D.

Address Baltimore Md.

Date Jan 23rd 1909

Place of Burial Mt. Carmel Cem

Date Jan 26 1909

Undertaker John J Fahey & Son

Address 1232 Hillidge St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

1909
5-9

HEAD THE LAW ...

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — C19050 — Registered No. C ...

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elzena Hall

Residence, Give Street and Number, 628 Campbell St.

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F — COLOR: B.

DATE OF BIRTH: ... 1 ...

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Factory girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 1/25 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Dec 29 1908 to Jan 24 1909

that I last saw h[illegible] alive on Jan 24 1909

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sepsis & Exhaustion

(DURATION) ... DAYS

Contributory (Primary) Tubercular

Peritonitis (DURATION) ... DAYS

(Signed) R. T. Baker M. D.

Address Bay View Hosp.

Date Jan 24 1909

Place of Burial Mt Auburn Cem

Date Jan 26 1909

Undertaker Duffy & Co

Address 1924 Pitcher St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 13th. C19051 Registered No: B C19051

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 Church (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Gilmore Davis

{Residence, if in Baltimore, Give Street and Number.} 705 Church St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Oct 18 1908

AGE: ..... years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Albert Davis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Horter

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Davis

(Address) 705 Church St

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23 1909 to Jan 24 1909 that I last saw h[illegible] alive on Jan 24 1909, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Stomach Hemorrhage

Exhaustion (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Teresa J. Kelly M.D.

Address #402 Fall Road

Date Jan. 24 1909

Place of Burial St Mary's Hampden

Date Jan 26 1909

Undertaker Wm E. Chenworth Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C19052

Registered No. C C19052

CERTIFICATE OF DEATH.

19

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Schmeling

Residence, Give Street and Number, 271 W Preston St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Michael Joe

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Freudeker

(Address) 11 Stirling St

Filed 1/25 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 19 1909 to Jan 23 1909

that I last saw her alive on Jan 23 1909

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Dilatation of Heart

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Elmer Gill Hall M. D.

Address St. Josephs German Hospital

Date Jan 23 1909

Place of Burial Loudon Park

Date Jan 26 1909

Undertaker Wm J Schulmyer

Address 9 S. Pappleton St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C19053

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C19053

City of Baltimore, (No. 1811 Edmondson Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Betsy Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar. (Month) 11 (Day) 1840 (Year)

AGE: 68 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): England.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. W. Jones.

(Address) 1811 Edmondson

Filed 1/25 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 24 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1909 to Jan 24th 1909 that I last saw her alive on Jan 24th 1909, and that death occurred, on the date stated above, at 10.15 a. m. The CAUSE OF DEATH was as follows:

Interstitial Nephritis
"Collapse"

Not Known (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Edw. T. Runner M. D.

Jan 24 1909 (Address) 539 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: 1-27 1909

UNDERTAKER: H. Gaulthop

ADDRESS: 901 W. Saratoga Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAD THE LAW PRINTED ON THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C19054

Registered No. C 19054

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sylvester Jones

Residence, Give Street and Number, St. Vincents Infant Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR Ni

DATE OF BIRTH 1908

AGE ..... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) .....

Filed 1/25 1909

HARRY C. ANDREWS,
PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 23 1909

that I last saw her alive on Jan " " 1909

and that death occurred, on the date stated above, at 7 A.M.

CAUSE OF DEATH (Secondary or Immediate,) Exanition

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) P F Martin M. D.

Address .....

Date Jan 24 1909

Place of Burial Druid Cathedral

Date Jan 25 1909

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEAD THE LAW PRINTED ON THE MARG...

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C19055 — Registered No. C 19055

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William Delaney

Residence, Give Street and Number, St. Vincents Inf. Asy

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M. COLOR: Ch.

DATE OF BIRTH: ... 1 ...

AGE: ... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf. Asy.

(Address) ...

Filed 1/25 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1909 to Jan 23 1909

that I last saw him alive on ... 1909

and that death occurred, on the date stated above, at 11 P M.

CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

... (DURATION) ... DAYS

Contributory (Primary) ...

... (DURATION) ... DAYS

(Signed) Patrick F. Martin M. D.

Address ...

Date Jan. 25 1909

Place of Burial Druid Cathedral

Date Jan 25 1909

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C19056 — Registered No. C C19056

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 North Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwardina Jamison

Residence, Give Street and Number, 808 N. Calvert

Duration of Residence in Baltimore, Six years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: April 23rd 1823

AGE: 86 years, 9 months, — days

SINGLE, ~~MARRIED~~, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: John Jamison

BIRTHPLACE OF FATHER (State or county): Maryland

MAIDEN NAME OF MOTHER: Mary Ann Queen

BIRTHPLACE OF MOTHER (State or county): Washington D.C.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Jamison

(Address) 808 N. Calvert St.

Filed 1/25 1909 — HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 23rd 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 19 1908 to January 23rd 1909

that I last saw her alive on January 23rd 1909

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) 360 DAYS

(Signed) Richard McSherry M. D.

Address 104 E. Madison St.

Date January 24th 1909

Place of Burial Holy Cross Cemetery

Date January 26, 1909

Undertaker Henry W. Means & Son

Address 805 W. Calvert St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C19057

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

100 W. Mc Mechin st

Registered No. B C19057

City of Baltimore, (No. ..., ... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt. Lautenbach

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Aug. (Month) 7. (Day) 1870 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Robt. Lautenbach

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Eudora M. Mason

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: Druggist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lautenbach

(Address) 100 W. Mc. Mechinst

Filed 1/25 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 23d (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Mar 14 1907 to Dec 31 1908

that I last saw h im alive on Dec 31 1908

and that death occurred, on the date stated above, at 4 30 a. m. The CAUSE OF DEATH was as follows:

Phthisis pulmonalis

..... (DURATION) — DAYS

Contributory —

..... (DURATION) ..... DAYS

(Signed) Robt M Kucas M. D.

Jany 27 1909 (Address) 1001 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Jan 26 1909
UNDERTAKER	ADDRESS
E M Mitchell	1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

and the *cause and date of death.*

C19058

HEALTH DEPARTMENT, City of Baltimore.

C19058

Ward 7th

Registered No. B

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 Hopkins ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emmerson Taylor

{Residence, if in Baltimore, Give Street and Number.} 921 Hopkins ave.

Duration of Residence in Baltimore. Six months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH —— 1

AGE 35 years ..... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Wm Taylor

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Hattie Lane

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Taylor

(Address) 921 Hopkins Ave

Filed Jan 25 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 23d 1909

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1909 to Jan 23 1909 that I last saw him alive on Jan 23 1909, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Tuberculosis of lungs and abdomen

One Year (DURATION) DAYS

Contributory (Primary.) Housekeeping

(DURATION) DAYS

(Signed) Geo. W. Simpson M.D.

Address 1624 N. Broadway

Date Jan 24th 1909

Place of Burial Balfield Co Va

Date Jan 27 1909

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C19059

Ward 12 C19059 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 8 Andrews Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev John R Amis

{Residence, if in Baltimore, Give Street and Number.} 8 Andrews Ave

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Jan Dec 4th 1874

AGE 34 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Yandinell Co. N.C.

FULL NAME OF FATHER Amis

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Law Amis

(Address) R Andrews House

Filed Jan 26 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 18 1909 to Jan 23 1909 that I last saw h im alive on Jan 22 1909, and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate)

Acut P neumonic Phthisis

(DURATION) 60 DAYS

Contributory (Primary.) asthenia

(DURATION) 3

(Signed) Reginald I Tom M.D.

Address 2206 Greenmount Ave

Date Jan 24 1909

Place of Burial Charlotte Hall St Marys Co Md

Date R A Tolbrott 1909 Jan 26

Undertaker

Address 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C19060

C19060

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 2423 N. Calvert St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie Gascoyne Packie

Residence, Give Street and Number, 2423 N Calvert

Duration of Residence in Baltimore, ~~Year~~ 2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: April 6 1900

AGE: 8 years, 9 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Virginia

FULL NAME OF FATHER: Alexander Packie.

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Jane Gascoyne

BIRTHPLACE OF MOTHER (State or county): Wisconsin

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Junie Packie

(Address) 2423 N. Calvert St

Filed 1/26 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jany 24 1909

I HEREBY CERTIFY, That I attended deceased from Oct 1 1908 to Jany 24 1909

that I last saw h[illegible] alive on Jany 24 1909

and that death occurred, on the date stated above, at 12.30 M.

CAUSE OF DEATH (Secondary or Immediate,) Indigestion + Heart Failure

(DURATION) 20 Hrs DAYS

Contributory (Primary) Diabetes

(DURATION) 2 Yrs DAYS

(Signed) Howard Bartlett M. D.

Address 914 N Charles

Date January 25th 1909

Place of Burial Greenmount

Date Jan 24/1909 1909

Undertaker Wm Cook

Address 502 E North Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C19061 Registered No. B C19061

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Handy -

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Dec. 15, 1908

AGE: ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home

Filed 1/26 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 25, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 28 1909 to Jan. 24 1909 that I last saw him alive on Jan. 24 1909, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Insanity -

(DURATION) Life DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) A C Gillis M.D.

Address 1519 N. Carrolton St.

Date Jan. 25, 1909

Place of Burial Cathedral Entry

Date Jan 26 th 1909

Undertaker Philip B Pye

Address 1022 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C19062

Registered No. C 19062

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 St. Marys St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Nancy Jones

Residence, Give Street and Number, 414 St. Marys St.

Duration of Residence in Baltimore, Unknown

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: colored

DATE OF BIRTH: Unknown 1

AGE: About 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widow

BIRTHPLACE (State or county): Unknown

FULL NAME OF FATHER: do

BIRTHPLACE OF FATHER (State or county): do

MAIDEN NAME OF MOTHER: do

BIRTHPLACE OF MOTHER (State or county): do

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jones

(Address) 414 St Marys St

Filed 1/26 1909

HARRY C. ANDREWS, Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 24 1909.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate,)

Shock from burns by accident

Instantly (DURATION) ..... DAYS

Contributory (Primary) Breaking of a coal oil lamp (DURATION) ..... DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Lafayette (Corner)

Date Jan. 25 1909

Place of Burial Laurel Cemetery

Date Jan 27 1909

Undertaker R. St E. Clark

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C19063

Registered No. B C19063

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2407 Hudson alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Turner

{Residence, if in Baltimore, Give Street and Number.} 2407 Hudson alley

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 44 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Reynolds

(Address) 1641 E Madison

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 1:22 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

1-2.

(DURATION) ..... DAYS

Contributory (Primary) Pul Tuberculosis

(DURATION) ..... DAYS

(Signed) Louis Luckman M.D.

Address 1800 N. Chas St

Date Jan 27 1909

Place of Burial Mt Auburn Cemetery

Date Jan 27 1909

Undertaker R St Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C19064 Registered No. B C19064

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1122 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Saunders

{ Residence, if in Baltimore, Give Street and Number. } 538 W. Mulberry St.

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~Married~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chase

(Address) 1026 Linden Ave

Filed 1/26 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 19 1909 to Jan. 24 1909 that I last saw her alive on Jan. 24 1909, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile debility
Exhaustion

(DURATION) DAYS

Contributory (Primary.) Organic heart & pneumonia (DURATION) 5 DAYS

(Signed) Henry H. Steinberger M.D. Resident Physician

Address Md. Hom. Hos.

Date Jan. 24 1909

Place of Burial Mt Auburn Cemetery

Date Jan 26 1909

Undertaker R. St Elbert

Address 506 Robert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 19

Registered No. B C19065

C19065

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Franklin & Queen Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie Thomas

{ Residence, if in Baltimore, Give Street and Number. } Booth Street near Bush.

Duration of Residence in Baltimore. [illegible]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe | COLOR: Bl

DATE OF BIRTH: Jan. 23 1904

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Washer Woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Dutton

(Address) Franklin Sq. Hosp.

Filed 1/26 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

15

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 18 1909 to Jan 23 1909 that I last saw h[illegible] alive on Jan. 23 1909, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart + respiratory failure

(DURATION) 1/2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) Ralph Dutton M.D.

Address Franklin Sq. Hosp.

Date Jan. 24 1909

Place of Burial COLLEGE OF P. & S

Date JAN 25 1909 190

Undertaker Commissioner Health,

Per. Wm. E. WOODALL

Address

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C19066 Registered No. B C19066

CERTIFICATE OF DEATH. 66

(Place of Death.) No. 623 W Biddle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Wagner

{ Residence, if in Baltimore, Give Street and Number. } 623. W Biddle St

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 4, 1843

AGE: 65 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Wagner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Wagner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel A. Schwartz

(Address) 1632 St. Paul St.

Filed 1/26 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday Jany 24th 1909

I HEREBY CERTIFY, That I attended deceased from Jany 7th 1909 to Jany 24th 1909 that I last saw him alive on Jany 20th 1909, and that death occurred, on the date stated above, at 8.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 17 DAYS

Contributory (Primary.) Paralysis

(DURATION) 17 DAYS

(Signed) [illegible] M.D.

Address 607 N Charles St

Date Jany 24th 1909

Place of Burial Westminster

Date Jan 27 1909

Undertaker John E Stumpf & Son

Address 1422 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C19067

C19067

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1935 Wilkins Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Malvina V. Heddrick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 58 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER: Jas. Bryan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Caroline Mayres

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo W Heddrick

(Address) 1935 Wilkins Ave

Filed 1/26 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 24th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 6th 1908 to Jan 24th 1909 that I last saw her alive on Jan 24 1909, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cancer of Uterus

(DURATION) 16 months

Contributory ..... (DURATION) ..... DAYS

(Signed) B. L. Phillips M. D.

Jan 25 1909 (Address) 929 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Jan 27 1909

UNDERTAKER: Jos B. Cook

ADDRESS: 1003 N. Balto St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

C19068

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.

Ward 4 4

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C19068

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Maryland Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ursodalle Oyarde

Residence, Give Street and Number, British Seaman

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Brown

DATE OF BIRTH: ..... 1.

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): India

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) British Consulate

(Address) Courtland St

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23 1909 to Jan 24 1909

that I last saw h im alive on Jan 23 1909

and that death occurred, on the date stated above, at 630

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Chronic Interstitial Nephritis

(DURATION) ..... DAYS

(Signed) J. W. Bird M. D.

Address Maryland Hospital

Date Jan 24 1909

Place of Burial Mt Olivet

Date Jan 26 1909

Undertaker Jos B. Cook

Address 1003 E Baltimore St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City of
[If death
USU
give fa
"Spec

SEX

DATE OF

AGE

SINGLE, MARRIED, WIDOWED

BIRTHPLACE (State or

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or

OCCUPATION OF DECEASED

(Informant)

Filed 1/26

Ward V

C19069

Registered No. B C19069

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 S. Regester St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Nancy Nottingham

{ Residence, if in Baltimore, Give Street and Number. } 14 S Regester St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH Dec. 22, 1908

AGE ..... years, 1 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER John Nottingham

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Covell

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Nottingham

(Address) 14 S Regester

Filed 1/26 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 22 1909 to Jan 24 1909

that I last saw h— alive on Jan 23 1909

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. B. Britton M.D.

Address 1711 E Baltimore St

Date Jan 24, 1909

Place of Burial Laurel Cemetery

Date Jan 26 1909

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. C

CERTIFICATE OF DEATH. C19070 19

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Swan

Residence, Give Street and Number, 561 Orford St

Duration of Residence in Baltimore, Life Time

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. | COLOR B.

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 561 Orford St

Filed 1/26 1909

HARRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 24 1909

that I last saw h e alive on Jan 24 1909

and that death occurred, on the date stated above, at 12 15 M. CAUSE OF DEATH (Secondary or Immediate,)

Rebecca J Lungs a
Exhaustion

(DURATION) DAYS

Contributory (Primary) Organic Heart
Disease (DURATION) DAYS

(Signed) [illegible] M. D.

Address Bay View Hosp

Date Jan 24 1909

Place of Burial Laurel Bem

Date Jan 27 1909

Undertaker R. H. Gilbert

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C19071 Registered No. B

CERTIFICATE OF DEATH. C19071

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Stubbs

{ Residence, if in Baltimore, Give Street and Number. } Goldsboro Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: 1891

AGE: 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md-

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. H. Street

(Address) Md. General

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1909

I HEREBY CERTIFY, That I attended deceased from Dec 14 1908 to Jan 26 1909 that I last saw h.er alive on Jan 26 1909, and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion.

(DURATION) 43 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 43 DAYS

(Signed) S. H. Street M.D.

Address Md Genl Hosp.

Date Jan 27 1909

Place of Burial Goldsboro Md.

Date Jan 27 th 1909

Undertaker Wm H Gawthrop

Address Bath & Linden Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15

C19072

Registered No. C C19072

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1808 Lorman St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Briggs

Residence, Give Street and Number, 1808 Lorman St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Black

DATE OF BIRTH Dec 20 1889

AGE 19 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) City

FULL NAME OF FATHER Thos Briggs

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Lintz

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Briggs

(Address) 1808 Lorman St

Filed 1/26 1909

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 25 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25 1909 to Jan 25 1909 that I last saw h[illegible] alive on Jan 25 1909 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy Cebral.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Nelson M. D.

Address 1103 N. Fulton Ave

Date Jan 26 1909

Place of Burial Dec 28/09 New Western Cemetery

Date 190

Undertaker W. H. Tuckerman

Address Caroline Place

Remarks

14

C19073

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B C19073

City of Baltimore, (No. 2122 Brunt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME (Infant of Joseph & Mary Pratt)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Jan. (Month) 21 (Day) 1909 (Year)

AGE: — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City Md

FULL NAME OF FATHER: Joseph Pratt,

BIRTHPLACE OF FATHER (State or country): Towson, Md.

MAIDEN NAME OF MOTHER: Mary Robison,

BIRTHPLACE OF MOTHER (State or country): Reisterstown Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Pratt

(Address) 2122 Brunt St

Filed 1/26 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 25 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 21 1909 to Jan 25 1909 that I last saw h[illegible] alive on Jan 25 1909, and that death occurred, on the date stated above, at 1/12 M. The CAUSE OF DEATH was as follows:

Premature Birth (about 8th month)

(DURATION) DAYS

Contributory Inanition

(DURATION) 4 DAYS

(Signed) John R. Abercrombie M.D.

1909 (Address) 827 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Jan 26 1909

UNDERTAKER: W. J. Johnson

ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C19074 — Registered No. C 19074

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1115 Forrest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm C. Gilmour

Residence, Give Street and Number, 1115 Forrest Place

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: Jan 23d 1847

AGE: 62 years, — months, 1 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Wm Gilmour

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Mary J. Shockley

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah A Gilmour

(Address) 1115 Forrest Place

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

Remarks: Dr Wilmer Brinton Blank Book

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 25th 1909

I HEREBY CERTIFY, That I attended deceased from October 15th 1908 to January 25th 1909

that I last saw him alive on January 24th 1909

and that death occurred, on the date stated above, at 1.25 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Hemorrhage with Asphyxia.

(DURATION) 10. DAYS

Contributory (Primary) Arterio Sclerosis, Two years. ~~(DURATION)~~ ~~DAYS~~

(Signed) Wilmer Brinton M. D.

Address S.W. Cor. Calvert & Preston Sts

Date January 25th 1909 ~~190~~

Place of Burial Elkton Cecil Co. Md

Date Jan 27 — 1909

Undertaker H. C. Wiedefeld

Address 914 Pennsylvania Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C19075 Registered No. B C19075

CERTIFICATE OF DEATH.

91

Place of Death.) No. Home for the Aged Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick McCann

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	70 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Irlande
FULL NAME OF FATHER	Fred McCann
BIRTHPLACE OF FATHER (State or country)	Irlande
MAIDEN NAME OF MOTHER	Philipsina Hill
BIRTHPLACE OF MOTHER (State or country)	Irlande
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Sister Cyrille

(Address) Preston and Valley Sts

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1909

I HEREBY CERTIFY, That I attended deceased from Nov 1908 to 190

that I last saw him alive on Jany 20 1909,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Chronic bronchitis

Unknown (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. Albanese M.D.

Address 1133 Valley st

Date Jany 26 1909

Place of Burial St Peters

Date Jan 28 1909

Undertaker H. Leander Gill & Son

Address 214 Graham Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C19076 Registered No. B C19076

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 E Biddle St. — 64 — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ursula J. Hackney

{Residence, if in Baltimore, Give Street and Number.} 728 E Biddle St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 30 1907

AGE 1 years, 6 months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm E. Hackney

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Elizabeth Hackney

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 728 E. Biddle St

Filed 1/26 1909 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12 1909 to Jan 25 1909 that I last saw h alive on Jan 25 1909, and that death occurred, on the date stated above, at 2-10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Peare M.D.

Address

Date 190

Place of Burial Woodlawn

Date Jan 27 1909

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

C19077

Registered No. C C19077

CERTIFICATE OF DEATH.

175

(Place of Death.) No. 138 W. Clement St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mortimer Ramsay

Residence, Give Street and Number, 138 W. Clement St

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Don't know

AGE 54 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Divorced

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Matthew Ramsay.

BIRTHPLACE OF FATHER (State or county) Baltimore Md

MAIDEN NAME OF MOTHER Jane Mortimer

BIRTHPLACE OF MOTHER (State or county) Baltimore Md

OCCUPATION OF DECEASED Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward M. Ramsay (Son)

(Address) 138 W. Clement St

Filed 1/26 1909

HARRY C. ANDREWS.
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 24 1909

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h alive on ~~190~~

and that death occurred, on the date stated above, at 7.15 P. M.

CAUSE OF DEATH (Secondary or Immediate,) Carbolic Acid poisoning

Accidental death

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Otto M Reinhardt M. D.

Address Coroner

Date January 25 1909

Place of Burial Baltimore Cemetery

Date January 27 1909

Undertaker F. A Krauss & Bro

Address 703 Hanover St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C19078 Registered No. B C19078

CERTIFICATE OF DEATH. 137

(Place of Death.) No. 2117 Mc Elderry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna V. Wilson

{Residence, if in Baltimore, Give Street and Number.} 2117 Mc Elderry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	Colored
DATE OF BIRTH	July 5 1889
AGE	19 years, 6 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Edward Wilson
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Catherine Crosby
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Washing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Crosby

(Address) 2117 McElderry St

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1909

I HEREBY CERTIFY, That I attended deceased from Jan 18 1909 to Jan 25 1909 that I last saw her alive on Jan 24 1909 and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

A three months Miscarriage beginning about 14 days ago (DURATION) DAYS

Con'tributory (Primary.) Septicaemia about (DURATION) 10 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Jan 25 1909

Place of Burial Asbury Cemetery

Date Jan 27th 1909

Undertaker Chas G Baden

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEAD THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 C19079 Registered No. C C19079

CERTIFICATE OF DEATH.

(Place of Death.) No. 1309 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Fisher.

Residence, Give Street and Number, 1309 E Monument St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR Colored

DATE OF BIRTH —

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or couuty) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josiah Fisher

(Address) 1309 E. Monument St

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 14 1909 to Jan 24 1909 that I last saw her alive on Jan 24 1909 and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate,)

Arteria-Sclerosis

Bronchi Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Arteria Sclerosis

(DURATION) — DAYS

(Signed) A D Macdonald M. D.

Address 1540 N Broadway

Date Jan 26 1909

Place of Burial Dorchester Co Md Secretary for Md

Date January 26 1909

Undertaker R F Elliott

Address 506 Eutaw Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C19080 — Registered No. B C19080

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1805 — Orleans — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elenora F. Link

{Residence, if in Baltimore, Give Street and Number.} 1805 Orleans St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Sept 28th 1850

AGE: 58 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Dressel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Link

(Address) 1805 Orleans St

Filed 1/26 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 24th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 17th 1909 to Jan 24th 1909

that I last saw her alive on Jan 24th 1909, and that death occurred, on the date stated above, at 11.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma.
7 days.

Con'tributory (Primary) Senility Nephritis. (DURATION) 2 years.

(Signed) Arthur Y [illegible] M.D.

Address 719 Rogers Ave

Date Jan 25th 1909

Place of Burial Balto Cem

Date 1/27/09 1909

Undertaker J. Herwig & Son

Address 2008 Orleans

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C19081 Registered No. B C19081

CERTIFICATE OF DEATH.

(Place of Death.) No. 1725 Maryland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary H. Stitely

{Residence, if in Baltimore, Give Street and Number.} 1725 Maryland Ave.

Duration of Residence in Baltimore. about 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 6 1880

AGE 29 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Co.

FULL NAME OF FATHER Thomas Robert Williams

BIRTHPLACE OF FATHER (State or country) U.S.

MAIDEN NAME OF MOTHER Elizabeth S. Williams

BIRTHPLACE OF MOTHER (State or country) U.S.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry G. Stitely

(Address) 1725 Maryland Ave.

Filed 1/26 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25th 1909

I HEREBY CERTIFY, That I attended deceased from Nov. 13th 1908 to Jan. 25th 1909

that I last saw her alive on Jan 25th 1909,

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Fourteen days (DURATION) DAYS

Contributory (Primary) Osteo-Sarcoma of superior maxillae

about 1 year (DURATION) DAYS

(Signed) McKahn M.D.

Address 677 Columbia Ave

Date Jan. 25th 1909

Place of Burial Westminster Carroll Co. Md.

Date Jan. 29 1909

Undertaker Stewart & Mowen Co.

Address 215 & 217 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C19082 Registered No. C C19082

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 758 Warschow St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Thomas

Residence, Give Street and Number, 758 Warschow St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 29 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~ Married

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER Israel Locks

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Alice Jackson

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Thomas

(Address) 758 Warschow st

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 24th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1909 to Jan 24th 1909

that I last saw h alive on Jan 24th 1909

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis
Asthmia

(DURATION) DAYS

Contributory (Primary) .....

(DURATION) DAYS

(Signed) John J. McCarthy M. D.

Address 656 W Franklin

Date Jan 25th 1909

Place of Burial Laurel Cemt

Date Jan 27th 1909

Undertaker Alex Hemsley

Address 518 N. Bidale St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 Registered No. C 19083

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 837 Leadenhal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Schuchhart

Residence, Give Street and Number, 837 Leadenhal St.

Duration of Residence in Baltimore, 40 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Femal COLOR White

DATE OF BIRTH ..... 1.....

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Jan 27 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 25 1909

I HEREBY CERTIFY, That I attended deceased from — 1901 to Jan 24 1909 that I last saw her alive on Jan 24 1909 and that death occurred, on the date stated above, at 12 55 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Interstitial Nephritis

8 years (DURATION) — DAYS

Contributory (Primary) General Oedema and heart failure (DURATION) 21 DAYS

(Signed) Joseph E Muse M. D.

Address 865 Columbia ave

Date Jan 28 1909

Place of Burial Loudon Park Cem

Date Jan 27th 1909

Undertaker Mr. & Mrs John H. Seufel

Address 801 W. Fayette St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 20

HEALTH DEPARTMENT, City of Baltimore.

~~C19084~~ ~~C19074~~

C19084 ~~C19074~~ 175

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2103. Christian St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) Bellevue

Full Name Jacob Brenau

{Residence, if in Baltimore, Give Street and Number.} 2103. Christian St. Gustave Brenau

Duration of Residence in Baltimore. 18 years. Coroner

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH: December, 31st 1845	
AGE: 03 years, — months, 25 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	unknown
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie Brenau

(Address) 2103 Christian St.

Filed 1/26 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January, 25th 1909.

I HEREBY CERTIFY, That I attended deceased from January 12th 1909 to January 25th 1909 with intermission of 8 days, that I last saw h.. alive on January, 25th 1909, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

On January, 12th 1909 took by mistake Muriatic Acid for whiskey. Removed to Franklin Square Hospital. Returned from There on 21st inst. (DURATION) DAYS

Contributory (Primary.) Suffered from Nausea terminating in death and Vomiting of Blood (DURATION) DAYS

(Signed) H. Schlerf M.D.

Address 7151. Wilkens Ave.

Date January, 26th 1909.

Place of Burial St Paul Cem.

Date Jan'y. 27. 1909

Undertaker C. W. Dill

Address 810 Fredk. Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C19085 — Registered No. C C19085

CERTIFICATE OF DEATH.

166

(Place of Death.) No. At or about the University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Noonan.

Residence, Give Street and Number, 1621 W. Pratt St.

Duration of Residence in Baltimore, 25 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male — COLOR: White

DATE OF BIRTH: 1861

AGE: 48 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: John Noonan

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary O'Donnell

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: R. R. conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Fitzgerald

(Address) 1113 W. Lombard St.

Filed 1/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 25 1905

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Crushed between cars

accident (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) D. Martin M. D.

Address .....

Date Jan 26 1905

Place of Burial St Peters

Date Jan 27th 1905

Undertaker John H. Cowan

Address 901 Hollins St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 19086

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 556 Mc Mechin St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward A Byrne

Residence, Give Street and Number, 556 Mc Mechin St

Duration of Residence in Baltimore, 30 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: 1874

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Ireland

FULL NAME OF FATHER: John Byrne

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Margaret Ryan

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Stone cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Enos Gleason

(Address) 556 Mc Mechin St

Filed Jan 26 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan. 25 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 2 1909 to Jan. 24 1909

that I last saw him alive on Jan 24 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Consumption

Autumn (DURATION) DAYS

Contributory (Primary) Tuberculosis

Autumn (DURATION) DAYS

(Signed) [illegible] M. D.

Address 700 N. Lafayette Ave

Date Jan. 26 1909

Place of Burial St Peters

Date Jany 27th 1909

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

Remarks

ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C C19087

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Brook

Residence, Give Street and Number, 121 Lane & 12 St Hydenlawn Balto Co. Md.

Duration of Residence in Baltimore, 6 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH

AGE 18 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Samuel Brook

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Mollie Goldberg

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Kaplan

(Address) 100 E Fayette st

Filed Jan 26 1904

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 25 1904

I HEREBY CERTIFY, That I attended deceased from Jan 19 1904 to Jan 25 1904

that I last saw h alive on Jan 25 1904

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Peritonitis following

Perforation of

intestine (DURATION) 9 DAYS

Contributory (Primary) Perforation of

duodenum (DURATION) DAYS

(Signed) Wm. Bayley M. D.

Address Hebrew Hospital

Date Jan 26 1904

Place of Burial Hebrew Randall Cemetery

Date Jan 26 1904

Undertaker Wm Levin

Address 620 N. E. Eldorado st

Remarks Accidentally caused by Lysol in a mug

Jan 26/04 · 6 PM

ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C C19088

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2035 Orleans St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna K. Schmidt

Residence, Give Street and Number, 2035 Orleans St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: W

DATE OF BIRTH: May 19 1883

AGE: 25 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Andrew Doerding

BIRTHPLACE OF FATHER (State or county): Balto. Md.

MAIDEN NAME OF MOTHER: Elizabeth Hosler

BIRTHPLACE OF MOTHER (State or county): Balto. Md.

OCCUPATION OF DECEASED: House W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Schmidt

(Address) 2035 Orleans st.

Filed Jan 26 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 24th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25 1908 to Jan 24 1909

that I last saw her alive on Jan. 23 1909

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis

One Year (DURATION) ~~DAYS~~

Contributory (Primary)

Exhaustion (DURATION) ~~DAYS~~

(Signed) W. C. Sandrock M. D.

Address 1242 N. Broadway

Date Jan. 25. — 1909

Place of Burial Holy Redeemer

Date Jan. 27th 1909

Undertaker Kendall Lippel & Son

Address 37 E. Lanvale st.

Remarks

PART ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C19089 — Registered No. C C19089

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Hopkins av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Seiler

Residence, Give Street and Number, 1711 Hopkins av

Duration of Residence in Baltimore, Lif

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 14 1877

AGE: 31 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Baltimore Md

FULL NAME OF FATHER: Henry Preis

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Anna Link

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry M Seiler

(Address) 1711 Hopkins av

Filed 1/27 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 25 1909

I HEREBY CERTIFY, That I attended deceased from Dec 7 1908 to Jan 25 1909

that I last saw her alive on Jan 25 1909

and that death occurred, on the date stated above, at 5 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Chronic interstitial Nephritis (DURATION) DAYS

(Signed) C C Macdonald M. D.

Address 1540 N Broadway

Date Jan 26 1909

Place of Burial Druid Hill Cemetery

Date January 27 1909

Undertaker Edwin J Cunning

Address 1938 E Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19

HEALTH DEPARTMENT, City of Baltimore.

C19090

Registered No. C 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 46 S. Stockton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno Green

Residence, Give Street and Number, 46 S. Stockton

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 1 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: John Green

BIRTHPLACE OF FATHER (State or county): M.D.

MAIDEN NAME OF MOTHER: Sarah Simms

BIRTHPLACE OF MOTHER (State or county): M.D.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julian G Green

(Address) 46 S. Stockton St

Filed 1/27 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 24. 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) Hubert C Blake M. D.

Address 1014 W LaFayette ave

Date Jan 27 Coroner 1909

Place of Burial Mt Auburn Cem

Date Jan-27 1909

Undertaker Edward F Elliott

Address 506 Rogers Ave.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C19091 Registered No. B C19091

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 1930 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Berman

{Residence, if in Baltimore, Give Street and Number.} 1930 Orleans St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Street-paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beulah Berman

(Address) 1930 Orleans St

Filed 1/27 1909 HARRY C. ANDREAS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25. 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 25 1909 that I last saw h[illegible] alive on Jan 24 1909 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

about 3 weeks (DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Jan 25. 1909

Place of Burial Holy Redeemer

Date Jan. 28 29 1909

Undertaker Grant & Couch and Son

Address 1914 Eutaw Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C19092

64

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC19092

City of Baltimore, (No. 3014, Walbrook Ave; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth R. Botts

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) N. Y.

FULL NAME OF FATHER James Ransom

BIRTHPLACE OF FATHER (State or country) N. Y.

MAIDEN NAME OF MOTHER Hannah Hitt

BIRTHPLACE OF MOTHER (State or country) N. Y.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Botts

(Address) 3014 Walbrook Ave

Filed 1/27 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26th 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 12th 1908 to Jan 26th 1909 that I last saw h or alive on Jan 25th 1909, and that death occurred, on the date stated above, at 11.40 a. M. The CAUSE OF DEATH was as follows:

Effusion into ventricular space -

(DURATION) Sudden DAYS

Contributory Several slight attacks of cerebral apoplexy (DURATION) 3 months

(Signed) Claude Tom Bibbins M. D.

Jan 26th 1909 (Address) 9 E. Read St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Charles Town W. Va. DATE OF BURIAL: Jan 28 1909

UNDERTAKER: Geo. H. Little & Co. ADDRESS: 311 E. Fremont Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

ENCLOSED BY BLACK LINES. THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

C19093 Registered No. C C19093

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 S Bmm St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Franklin Hax

Residence, Give Street and Number, 111 S Bmm St

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Mail	White

DATE OF BIRTH: October 15 1908

AGE: 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: Charles F Franklin Hax

BIRTHPLACE OF FATHER (State or county): Balt

MAIDEN NAME OF MOTHER: Augusta Rolfing

BIRTHPLACE OF MOTHER (State or county): Balt

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Franklin

(Address) 111 S Bmm St

Filed 1/27 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: January 23 1909

I HEREBY CERTIFY, That I attended deceased from Jan 18th 1909 to Jan 25 1909

that I last saw him alive on Jan 23 1909

and that death occurred, on the date stated above, at 3 AM

M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Exhaustion (DURATION) 2 Hours DAYS

Contributory (Primary) Broncho Pneumonia

(DURATION) 7 DAYS

(Signed) A L Tumbleson M. D.

Address 2013 Bank St

Date Jan 26 1909

Place of Burial Baltimore Co.

Date Jan. 27 1909

Undertaker Wendell P Ellis & Son

Address 378 Bmm St

Remarks

Unmarried or single of the person deceased, and the cause and date of death.

Ward V

C19094 Registered No. B C19094

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1714 E Pratt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Louise Vollmer

{ Residence, if in Baltimore, Give Street and Number. } Lifetime 1714 E Pratt St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 1882

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Chas. J. Vollmer

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Emma Seger

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Vollmer

(Address) 1714 E. Pratt St

Filed 1/27 1909 Per S. M. S. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 24th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 21 1909 to Jan. 26 1909 that I last saw h.er alive on 26 1909, and that death occurred, on the date stated above, at 2.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

5 (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) Frank C Bowles M.D.

Address 125 S. Broadway

Date January 26th 1909

Place of Burial Baltimore Cemetery

Date Jan. 27th 1909

Undertaker Mitchell & Pitcher

Address Ann & Lombard.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C19095 Registered No. B C19095

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 N. Arlington ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number) 27

Full Name Lillie May Watts

{Residence, if in Baltimore, Give Street and Number.} E 229 N Arlington ave

Duration of Residence in Baltimore. Balto Md

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Sept 28 1908

AGE 25 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Armstead Watts

BIRTHPLACE OF FATHER (State or country) West River Md

MAIDEN NAME OF MOTHER Mary Adams

BIRTHPLACE OF MOTHER (State or country) West River

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Adams

(Address) 229 N. Arlington

Filed 1/27 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 25 1909

I HEREBY CERTIFY, That I attended deceased from Aug 1 1908 to Jan 25 1909 that I last saw her alive on Jan 25 1909, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

6 mos (DURATION) ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. W. Slater M.D.

Address 1703 W. Baltimore

Date Jan 26th 1909

Place of Burial Laurel Cem.

Date Jan 27 1909

Undertaker Smoot Trading Co

Address 1142 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

B19096

64

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C19096

City of Baltimore, (No. 213 Lawson al, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Dodd

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Heath

(Address) 213 Lawson al

Filed 1/27 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 25 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 3 1909 to Jany 25 1909 that I last saw him alive on Jany 24 1909 and that death occurred, on the date stated above, at 4.55 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 22 DAYS

Contributory

(DURATION) 22 DAYS

(Signed) H. L. Smith M. D.

Jany 26 1909 (Address) 520 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Jan 26 1909

UNDERTAKER: Jno. H. Troadwell

ADDRESS: 142 Woodyard

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C C19097

C19097

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm R Lefleur

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W

DATE OF BIRTH ..... 1.....

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Salesman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/27 1909 HARRY C. ANDREWS, Registrat. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 26 1909

I HEREBY CERTIFY, That I attended deceased from 11/29 1908 to Jan 26 1909

that I last saw h[illegible] alive on Jan 26 1909

and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Arteriosclerosis

(DURATION) ..... DAYS

Contributory (Primary) Organic Heart

(DURATION) ..... DAYS

(Signed) [signature] M. D.

Address Baltimore Md

Date Jan 26 1909

Place of Burial Lorraine.

Date Jan 28/1909. 1909

Undertaker [signature]

Address 502 E Fort.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C19098 Registered No. C C19098

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1134 Ridgely St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Berger

Residence, Give Street and Number, 1134 Ridgely St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M. COLOR W

DATE OF BIRTH 1

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto

FULL NAME OF FATHER Richard Berger

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Catherine Meyers

BIRTHPLACE OF MOTHER (State or county) Balto

OCCUPATION OF DECEASED Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Berger

(Address) 1211 Scott

Filed 1/27 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 24, 1909

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1908 to Jan. 24, 1909

that I last saw him alive on Jan. 23, 1909

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Hemmorrhage

(DURATION) 3 DAYS,

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) 8 Months.

(Signed) Albert J. Chambers, M. D.

Address 614 S. Paca St.

Date Jan. 25, 09. 190

Place of Burial Baltimore

Date Jan 27/909 190

Undertaker Wm Crapp

Address 502 E. Hartford

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THIS

HEALTH DEPARTMENT, City of Baltimore.

Ward 20

C19099

Registered No. C C19099

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2016. Mary Anna St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mortin L. Hittel

Residence, Give Street and Number, 2016. Mary Anna St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	July 17 1875
AGE	33 years, 7 months, 9 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Maryland
FULL NAME OF FATHER	Conrad Hittel
BIRTHPLACE OF FATHER (State or county)	Germany
MAIDEN NAME OF MOTHER	Flagg
BIRTHPLACE OF MOTHER (State or county)	Md.
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hittel

(Address) 2016 Washington St

Filed 1/27 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 26 1909

I HEREBY CERTIFY, That I attended deceased from Aug 23 1908 to Jan 26 1909

that I last saw h m alive on Jan 25 1909

and that death occurred, on the date stated above, at 10 30, A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac asthenia

(DURATION) 14 DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) 7 months 7 DAYS

(Signed) Howard V Kelly M. D.

Address 2027 E Baltimore St

Date Jan 26 1909

Place of Burial New Cathedral

Date Jan 28th 1909

Undertaker W M Cook

Address 502 E North ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C19100 Registered No. B C19100

CERTIFICATE OF DEATH.

(Place of Death.) No. Woolcomx Ky Grocers 1807 Covington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name 1807 Covington St. Wm Groves

{Residence, if in Baltimore, Give Street and Number.} 1807 Covington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 14 1886

AGE 42 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Charles Co. Md.

FULL NAME OF FATHER Wm. Groves

BIRTHPLACE OF FATHER (State or country) Charles Co Md.

MAIDEN NAME OF MOTHER Cath. Kennedy

BIRTHPLACE OF MOTHER (State or country) Harford Co. Md.

OCCUPATION OF DECEASED Railroad

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Groves Sr.

(Address) 1807 Covington St

Filed 1/27 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1908

I HEREBY CERTIFY, That I attended deceased from Nov 8 1907 to Jan 26 1908

that I last saw him alive on Jan 25 1908

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 1½ Months DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) H J Dorsett M.D.

Address 1340 E Chase

Date Jan 27 1908

Place of Burial Loudon Green, Md

Date Jan 29 1908

Undertaker Jos Peterson's Sons

Address 1232 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16

HEALTH DEPARTMENT, City of Baltimore.

C19101

Registered No. C C19101

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1002 N. Mount St. (K) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria K Fitzgerald

Residence, Give Street and Number, 1002 Mount St.

Duration of Residence in Baltimore, 86 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH: May 17th 1821

AGE: 87 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Widowed

BIRTHPLACE (State or county): Lancaster Pa.

FULL NAME OF FATHER: Jacob Mayer

BIRTHPLACE OF FATHER (State or county): Lancaster Pa.

MAIDEN NAME OF MOTHER: Louisa Danenberg

BIRTHPLACE OF MOTHER (State or county): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles M. Franklin

(Address) 5 East Preston St.

Filed 1/27 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 26 1909.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Old Age & General Debility

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Richard Baer Dunn M. D.

Address 700 N. Lafayette Ave (Corner)

Date Jan 26 1909

Place of Burial Greenmount Cem

Date January 28th 1909 190

Undertaker Wm Jenkins & Son Co

Address 201 W Madison St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C19102

Registered No. C C19102

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1507 W Lexington St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name A. T. Thomas Harvey

Residence, Give Street and Number, 1507 W Lexington St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH April 23 1849

AGE 59 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Maryland

FULL NAME OF FATHER William Harvey

BIRTHPLACE OF FATHER (State or county) Maryland

MAIDEN NAME OF MOTHER Susanna Mayberry

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo S Lawson

(Address) 1507 W Lexington

Filed 1/27 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 26th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1909 to Jan 26 1909

that I last saw him alive on Jan 26 1909

and that death occurred, on the date stated above, at 11.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's disease

3 years (DURATION) DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) A. J. Bell M. D.

Address 1321 W Lanvale St

Date Jan 26. 1909. 190

Place of Burial Loudon Park Cemet

Date January 28 1909

Undertaker Robt J. Turner,

Address 1442 N Broadway.

Remarks

Ward 17

HEALTH DEPARTMENT, City of Baltimore.

C19103

Registered No. C 19103

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 530 Brune St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver H. Dilworth

Residence, Give Street and Number, 530 Brune St

Duration of Residence in Baltimore, 60 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Unknown

AGE About 72 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER James Dilworth

BIRTHPLACE OF FATHER (State or county) Balto

MAIDEN NAME OF MOTHER Mary F. Monroe

BIRTHPLACE OF MOTHER (State or county) Balto.

OCCUPATION OF DECEASED Fruit Dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Dilworth

(Address) 530 Brune.

Filed 1/27 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH June 25 1909.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

died Suddenly (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baldwin M. D.

Address 700 N. Laf. Ave (Coroner)

Date June 26 1909

Place of Burial Loudin P. K

Date Jun 28 1909

Undertaker W. E. Clark

Address 502 E. North ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7K

C19104

Registered No. C 19104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1835 Covington St

St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H Clark

Residence, Give Street and Number, 1835 Covington St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M.

COLOR W.

DATE OF BIRTH 1

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clark

(Address) 1835 Covington

Filed 1/27 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Dec 30 1908 to Jan 24 1909

that I last saw h live alive on Jan 24 1909

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Harry Lynn M. D.

Address 909 Arlington Ave

Date Jan 26 1909

Place of Burial Mt Olivet Cemetery

Date Jan 25 1909

Undertaker H. & M. C. Flynn

Address 42 E. Fayette St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C19105 Registered No. C C19105

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1025 1/2 E. Fort Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) Darling

Full Name Elizabeth M. Walton

Residence, Give Street and Number, 1025 1/2 Fort Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH Aug 1840

AGE 69 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jacob Knight

(Address) 1025 1/2 Fort Ave.

Filed 1/27 1909 HARRY C. ANDRESS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH July 26" 1909

I HEREBY CERTIFY, That I attended deceased from July 24 1909 to July 26 1909 that I last saw her alive on July 25 1909 and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate,)

Vulvular disease of heart

(DURATION) DAYS

Contributory (Primary) 7

(DURATION) DAYS

(Signed) [illegible] M. D.

Address 1328 Cher

Date July 26 1909

Place of Burial Mt Olivet Cemetery

Date Jan 29 1909

Undertaker K. & M. E. Elgin

Address 426 West St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C19106 Registered No. C C19106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 E Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Leppert

Residence, Give Street and Number, 1232 E Fort Ave.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F COLOR W

DATE OF BIRTH 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Balto City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED House Wf

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Leppert Husband

(Address) .....

Filed 1/27 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 25 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31 1909 to Jan 25 1909 that I last saw her alive on Jan 24 1909 and that death occurred, on the date stated above, at [redacted] P M. CAUSE OF DEATH (Secondary or Immediate,)

Chronic Brights,

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) W. Leppert M. D.

Address 1228 Fort Ave

Date Jan 26 1909

Place of Burial Mt. Olivet Cemetery

Date Jan 27 1909

Undertaker H. & M. S. Flynn

Address 426 Wash St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14th

C19107 Registered No. B C19107

93

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Burns

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 10-20-1873

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: do not know

BIRTHPLACE OF FATHER (State or country): do not Know

MAIDEN NAME OF MOTHER: do not Know

BIRTHPLACE OF MOTHER (State or country): do not Know

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. B. Bailey

(Address) Harve-de-Grace Md

Filed 1/27 1909 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15th 1909 to Jan 26 1909 that I last saw h alive on Jan 26 1909, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia - Heart failure

(DURATION) 9 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 9 DAYS

(Signed) G. H. Richards M.D.

Address University Hospital

Date Jan 27th 1909

Place of Burial Darlington, Harford Co

Date Jan 29 1909

Undertaker Jacob Hirons & Co

Address 1602 Madison ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BC19108

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC19108

City of Baltimore, (No. 2122 Brunt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME (Infant) Mary Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: Jan (Month) 26 (Day) 1909 (Year)	
AGE: ——— years, — months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country):	
FULL NAME OF FATHER: Joseph Pratt	
BIRTHPLACE OF FATHER (State or country): Towson Md	
MAIDEN NAME OF MOTHER: Mary Robinson	
BIRTHPLACE OF MOTHER (State or country): Keysville Va	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/27 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 26 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 21 1909 to Jan 25 1909

that I last saw her alive on Jan 25 1909,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Premature Birth
8th month

(DURATION) ..... DAYS

Contributory Immature

(DURATION) 3 DAYS

(Signed) John R Abercrombie M. D.

1909 (Address) 827 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
COLLEGE OF P. & S	JAN 27 1909
UNDERTAKER: Commissioner Health,	ADDRESS

Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C19109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C19109

City of Baltimore, (No. 203 Twentieth half St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ely Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Not known (Month) 1 (Day) Year)

AGE: about 65 — Not known years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/27 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 25 190 to Jan 26 190 9

that I last saw h im alive on Jan 26 190 9,

and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) DAYS

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) P E Kelly M. D.

Jan 26 190 9 (Address) Eutaw & Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S. | DATE OF BURIAL: JAN 27 1909

UNDERTAKER: Commissioner Health | ADDRESS

Per. Wm. E. WOODALL

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL [illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward 19 C19110 Registered No. B C19110

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery and Childs Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Benjamin Greenblatt

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Jan 1 1909

AGE: — years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Sam Greenblatt

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Cohen

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Kreddee

(Address) Nursery & Childs Hosp.

Filed 1/27 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1909

I HEREBY CERTIFY, That I attended deceased from Jan 15 1909 to Jan 26 1909 that I last saw h in alive on Jan 26 1909 and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. F. Bunyan M.D.

Address 222 E. Eutaw St.

Date January 26 1909

Place of Burial, Hebrew Boardale Cemetery

Date Jan 27 1909

Undertaker Max Linowsky

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C19111 — Registered No. B C19111

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 757 Cross St. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Disney

{Residence, if in Baltimore, Give Street and Number.} 757 W. Cross St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 18 1834
AGE	74 years, 8 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Govan Reynolds
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Margaret Smith
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Disney

(Address) 757 W. Cross St

Filed 1/27 1909

HARRY C. ANDREAE Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26. 1909

I HEREBY CERTIFY, That I attended deceased from Jan 18. 1909 to Jan 26 1909 that I last saw h[er] alive on Jan 25. 1909, and that death occurred, on the date stated above, at 12.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Gall duct

(DURATION) 8 DAYS

Contributory (Primary) Exhaustion

(DURATION) 9 DAYS

(Signed) J. Wilson M.D.

Address 1735 Aisquith St.

Date Jan 26. 1909

Place of Burial LOUDON PARK

Date JAN 28 1909 190

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 19112

CERTIFICATE OF DEATH.

28

(Place of Death.) No. 116 E. Monument St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Egan

Residence, Give Street and Number, 416 E Monument St. 19112

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. 15 1908

AGE: 1 years, — months, 11 days

SINGLE, ~~MARRIED~~, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or county): Baltimore

FULL NAME OF FATHER: James P. Egan

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Helen Collins

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. Egan

(Address) 416 E Monument St.

Filed Jan. 27 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Dr. G. B. Reynolds

Remarks Boys Charles.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 27th 1909

I HEREBY CERTIFY, That I attended deceased from January 20 1909 to January 27 1909

that I last saw her alive on January 24th 1909

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

(DURATION) DAYS

Contributory (Primary) Tuberculous Meningitis

(DURATION) 7 DAYS

(Signed) Geo B Reynolds M. D.

Address 814 N Charles St

Date January 27th 1909

Place of Burial Catholic

Date Jan. 28, 1909

Undertaker H. C. Brickfield

Address 914 Greenmount Ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 41

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 19113

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Municipal Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Holloway

Residence, Give Street and Number, Glenville, Hanford Co, Md.

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: Richard Holloway

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Harriet Davis

BIRTHPLACE OF MOTHER (State or county): Md.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Holloway

(Address) Darlington Md

Filed 1/28 1909 HARRY C. ALLEN PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 27 1909

I HEREBY CERTIFY, That I attended deceased from Jan 8 1909 to Jan 27 1909 that I last saw h[im] alive on Jan 27 1909 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

My condition with Oedema of lungs —

(DURATION) 20 DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) ..... DAYS

(Signed) J B Riggett M. D.

Address Municipal Hospital.

Date Jan 27 1909

Place of Burial Havre de Grace Md

Date Jany 28 1909

Undertaker Jas D Cook

Address 1003 W Baltimore St

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C19114 Registered No. B C19114

CERTIFICATE OF DEATH.

136

(Place of Death.) No. Maternity Hospital U. of Md. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mrs. Ida Garrison

{Residence, if in Baltimore, Give Street and Number.} 864 Raborg St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Garrison

(Address) 864 Raborg St

Filed 1/28 1909 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 25th 1908

I HEREBY CERTIFY, That I attended deceased from Jan. 23rd 1909 to Jan 26th 1909 that I last saw her alive on Jan 25th 1909, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) — DAYS

Contributory (Primary.) Pregnancy

(DURATION) — DAYS

(Signed) Bolt P. Bay M.D.

Address University Hospital

Date Jan. 25 1909

Place of Burial Mt Auburn Cem

Date Jan 28 1909

Undertaker R. K. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

HEALTH DEPARTMENT, City of Baltimore.

C19115 Registered No. C C19115

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 313 N Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Howard

Residence, Give Street and Number, 313 N. Schroeder St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: —

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county): md

FULL NAME OF FATHER: Stephn Trusty

BIRTHPLACE OF FATHER (State or county): md

MAIDEN NAME OF MOTHER: Emily Trusty

BIRTHPLACE OF MOTHER (State or county): md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) daughter

(Address) 313 N Schroeder St

Filed 1/28 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan 24 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23 1909 to Jan 25 1909 that I last saw her alive on Jan 25 1909 and that death occurred, on the date stated above, at 3.35 a. M. CAUSE OF DEATH (Secondary or Immediate.)

(Pneumonia Continued Heart Failure

(DURATION) 3 DAYS

Contributory (Primary) Heart

(DURATION) 3 DAYS

(Signed) G W Kennard M. D.

Address 708 Texas Av

Date Jan. 25 1909

Place of Burial Mt Auburn

Date Jan 28th 1909

Undertaker R A Elliott

Address 506 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. B C19116

C19116

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1524 E Fayette St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emeline Thompson

{ Residence, if in Baltimore, Give Street and Number. } 1524 E Fayette St

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Samuel Manning

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Minnie Manning

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Murray

(Address) 1524 Fayette St

Filed 1/28 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1909

I HEREBY CERTIFY, That I attended deceased from Jan 20 1909 to Jan 26 1909

that I last saw her alive on Jan 24 1909

and that death occurred, on the date stated above, at 7.46 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(DURATION) DAYS

Contributory (Primary) Acute Suppressive Nephritis (DURATION) 4 DAYS

(Signed) L. L. Hankins M.D.

Address 1242 Druid Hill Ave

Date Jan. 26 1909

Place of Burial Mt Auburn Cemetery

Date Jan 28 1909

Undertaker R St Elliott

Address 506 Rayner Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C19117 — Registered No. B C19117

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Aisquith (Hebrew Aged Home) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 120

Full Name Rubin Weiner

{Residence, if in Baltimore, Give Street and Number.} 109 Aisquith (Hebrew Aged Home)

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 15th 1835
AGE	73 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Joseph Weiner
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Weiner

(Address) 1652 E Fayette

Filed 1/28 1909 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27th 1909

I HEREBY CERTIFY, That I attended deceased from July 1908 to Jan. 27 1909 that I last saw h in alive on Jan 1 1909 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia due to
Parenchymatous Nephritis

ab. 8 months (DURATION) DAYS

Con'ributory (Primary.) Old age (DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 421 E Baltimore St.

Date Jan. 28th 1909

Place of Burial Hebrew Boardale Cemetery

Date Jan. 29 1909

Undertaker Max Leinner

Address 620 ½ E Eldeny st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 19118

City of Baltimore, (No. 1607 E. Fulbury St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

FULL NAME Infant Son of Thomas & Mary M. Lehnert.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Jan 27 (Month) (Day) 1 (Year)

15 minutes

AGE ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John T Lehnert

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary M. Leinsburger

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Lehnert

(Address) 1607 Fulbury St

Filed 1/28 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 (Month) (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 27 1909 to Jan 27 1909 that I last saw him alive on Jan 27 1909 and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Prematurity & Atelectasis

15 minutes (DURATION) DAYS

Contributory — (DURATION) DAYS

(Signed) Wm. J. McDonald M. D.

Jan 27 1909 (Address) 208 Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Baltimore Cemetery | DATE OF BURIAL Jan 28 1909

UNDERTAKER H. C. Brauning & Son | ADDRESS S. E. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

Born today and died quarter of an hour from birth.

E. O. Farnell.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause and date of death.

notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C19119 Registered No. B C19119

CERTIFICATE OF DEATH.

(Place of Death.) No Bay View Hospital Insane Department St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pearl Couch

{ Residence, if in Baltimore, Give Street and Number. } ..... Baltimore

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hurley, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/28 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1909

I HEREBY CERTIFY, That I attended deceased from January 15 1908 to January 26 1909 that I last saw her alive on January 25 1909, and that death occurred, on the date stated above, at 5.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs.

..... (DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis Pulmonalis (DURATION) ..... DAYS

(Signed) William F. Schwartz, M.D.

Address Bay View Hospital

Date January 26 1909.

Place of Burial JOHNS HOPKINS HOSPITAL

Date JAN 27 1909 190....

Undertaker G. L. Hurley

Address 981 N. Mount St

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 19120

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Piedmont & Mt. Airy Guano Co. Ft of Allen St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Cornish

Residence, Give Street and Number, 946 S Eutaw St.

Duration of Residence in Baltimore, 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR Colored

DATE OF BIRTH Dont know 1

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Taylors Island Md

FULL NAME OF FATHER Frank Cornish

BIRTHPLACE OF FATHER (State or county) Taylors Island Md

MAIDEN NAME OF MOTHER Hester

BIRTHPLACE OF MOTHER (State or county) Taylors Island Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Cornish & Son

(Address) 946 S Eutaw St

Filed 1/28 1908

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 25 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8.05 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Fracture of the Skull

Accidental death

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ste W Feinhardt M. D.

Address Coroner

Date January 25 190 C

Place of Burial Mt Auburn

Date Jan 28 1909

Undertaker J. [illegible]

Address [illegible]

Remarks

Ward 4 — C19121 — Registered No. B C19121 56

CERTIFICATE OF DEATH.

(Place of Death.) No. At or about Maryland University St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Kennedy

{Residence, if in Baltimore, Give Street and Number.} U. S. Marine Corps.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 25th 1870

AGE: 39 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: August Kennedy.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Blanc Jacquet

BIRTHPLACE OF MOTHER (State or country): Del.

OCCUPATION OF DECEASED: U. S. Marine Corps.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Kennedy

(Address) 25 Frederick Ave Extd

Filed 1/28 1909 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan - 26 1909

I HEREBY CERTIFY, That I attended deceased from as Coroner. 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

acute Indigestion

(DURATION) DAYS

Contributory (Primary.)

Over-indulgence Alcohol (DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lafayette Ave

Date Jan. 27 1909.

Place of Burial National Cemetery

Date January 29th 1909

Undertaker F. B. Wiesenfeld

Address 1 Frederick Ave. Extd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C19122 Registered No. C C19122

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 1839 West Pratt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa F. Mangold

Residence, Give Street and Number, 1839 W. Pratt St

Duration of Residence in Baltimore, 20 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH August 6th 1867

AGE 41 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Geo Zimmer

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Fridericka Mousmann

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Mangold

(Address) 1839 W Pratt St

Filed 1/28 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 26 1909

I HEREBY CERTIFY, That I attended deceased from January 1901 to Jany 26 1909 that I last saw her alive on January 25 1909 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Uraemia Coma

(DURATION) 4 DAYS

Contributory (Primary) La Grippe (Toxic Myocarditis) (DURATION) 20 DAYS

(Signed) Henry Stahn M. D.

Address Irvington

Date January 26 1909

Place of Burial Western Cemetery

Date January 28th 1909

Undertaker F B Wishart

Address 1 Frederick Av Exld

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C19123 Registered No. B C19123

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 705 N. Caroline st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie L. Hughes

{Residence, if in Baltimore, Give Street and Number.} 705 N. Caroline st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William Hughes

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eliza Ann Kerlinger

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vivien Hughes

(Address) 705 N. Caroline St.

Filed 1/28 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 26 1909

I HEREBY CERTIFY, That I attended deceased from January 13 1909 to January 26 1909 that I last saw her alive on January 23 1909 and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute tuberculosis causing respiratory failure

(DURATION) 14 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) G. G. Rude M.D.

Address 2000 E. Baltimore st

Date January 27, 1909

Place of Burial London Park Cemetery

Date January 29 1909

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD

HEALTH DEPARTMENT, City of Baltimore.

C19124

Registered No. C C19124

Ward 9

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1401 Aisquith St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John C Roder

Residence, Give Street and Number, 1336 Ensor St

Duration of Residence in Baltimore, 59 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH June 10 1843

AGE 65 years, 7 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~.

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER John Roder

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Catherine Schuster

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elvira Roder

(Address) 1336 Ensor St

Filed 1/28 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 26 1909

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.35 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Mitral Regurgitation

Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred'k Cullen M. D.

Address Lombard

Date Jan 26 - 09 190

Place of Burial Greenmount Cemetery

Date January 29th 1909

Undertaker George Schilling + Sons

Address 1126 E Monument sto

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B C19125

C19125

CERTIFICATE OF DEATH.

9r

(Place of Death.) No. 1103 S. Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Vernon Branan

{ Residence, if in Baltimore, Give Street and Number. } 1103 S. Canton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH December 23rd 1908

AGE ..... years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Branan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jennie Biddison

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Branan

(Address) 1103 Canton Ave.

Filed 1/28 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 26th 1909

I HEREBY CERTIFY, That I attended deceased from Jany 16th 1909 to Jany 26 1909 that I last saw him alive on Jan 25th 1909 and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia (DURATION) 10 DAYS

Con'tributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. K. Athey M.D.

Address 3200 Hudson st

Date Jany 26 1909

Place of Burial Perrymans Harford Co Md.

Date January 28 1909

Undertaker H. Sauder & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

Registered No. C C19126

C19126

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1576 E. Balto St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lydia Ann Myers.

Residence, Give Street and Number, 1576 E. Baltimore St

Duration of Residence in Baltimore, Forty Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Sept 20th 1837

AGE 71 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Pennsylvania

FULL NAME OF FATHER Philip Myers.

BIRTHPLACE OF FATHER (State or county) Penn.

MAIDEN NAME OF MOTHER Margaret Bushey

BIRTHPLACE OF MOTHER (State or county) Pa.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. H. Magness

(Address) 1576 E Balto St

Filed 1/28 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 26th 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1908. to Jan. 26th 1909

that I last saw h er alive on Jan. 26th 1909

and that death occurred, on the date stated above, at 6.10 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Old Age

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas H. Magness M. D.

Address 1576 E Balto St

Date Jan. 27th. 09. 1909

Place of Burial Green Mount

Date January 28 1909

Undertaker Kendall Bridge & Son

Address 378 Main St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C19127

91

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 219 W Barre St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Davidson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1833 (Year)

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Joe Davidson

BIRTHPLACE OF FATHER (State or country): Rosia Davidson

MAIDEN NAME OF MOTHER: Jane Lowe

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Lebow

(Address) 219 W. Barre St

Filed 1/28 1909

HARRY C. ANDREWS. Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 28 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 11 1909 to Jan 28 1909 that I last saw her alive on Jan 27 1909, and that death occurred, on the date stated above, at 12 A. M. The CAUSE OF DEATH was as follows:

Asthenia - Senility

..... (DURATION) ..... DAYS

Contributory Bronchitis -

3 months (DURATION) ..... DAYS

(Signed) M. Lebow M. D.

Jan 28 1909 (Address) 23 Hilliard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Washington Road Cem.	Jan 28 1909
UNDERTAKER	ADDRESS
M. Doyle & Son	176 E. Lee St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C19128 Registered No. B C19128

CERTIFICATE OF DEATH. 120

(Place of Death.) No. Church Home & Infs. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Stark.

{Residence, if in Baltimore, Give Street and Number.} 2118 N. Calvert St.

Duration of Residence in Baltimore. all of life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male. COLOR: black

DATE OF BIRTH: March 2, 1846

AGE: 62 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Francis Stark

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Dental supply business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Daniel J. Stark

(Address) 22 Preston, East

Filed 1/28 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26, 1909

I HEREBY CERTIFY, That I attended deceased from Oct 25 1908 to Jan 26 1909

that I last saw him alive on Jan 26 1909

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs

(DURATION) 2 DAYS

Contributory (Primary.) Chronic interstitial nephritis (DURATION) ~~unknown~~ DAYS.

(Signed) W. Nic. Holliday M.D.

Address Church Home & Infirmary

Date Jan. 26, 1909.

Place of Burial Greenmount Cem

Date Jan 28 1909

Undertaker Wm Cook

Address 502 E Northam

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

READ THE LAW PRINTED ON THE MARGIN.

THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

C19129

Registered No. C 19129

Ward 4

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 733 Jefferson st Waverly St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte L. Ryder

Residence, Give Street and Number, 733 Jefferson st Waverly

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	white

DATE OF BIRTH: November 11th 1841

AGE: 67 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: married

BIRTHPLACE (State or county): Balto. Md.

FULL NAME OF FATHER: Geo. A. Lovering

BIRTHPLACE OF FATHER (State or county): France

MAIDEN NAME OF MOTHER: Elizabeth Dove

BIRTHPLACE OF MOTHER (State or county): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Ryder

(Address) 733 Jefferson st Waverly.

Filed 1/28 1909 HARRY C. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 27" 1909

I HEREBY CERTIFY, That I attended deceased from Jany 16 1909 to Jany 27 1909

that I last saw her alive on Jany 27 1909

and that death occurred, on the date stated above, at 2.20 A. M.

CAUSE OF DEATH (Secondary or Immediate,)

Acute Indigestion

(DURATION) 11 DAYS

Contributory (Primary)

Heart failure (DURATION) 30 minutes DAYS

(Signed) Howard G. Silver M. D.

Address 1914 Bolton st

Date Jany 27" 1909

Place of Burial Baltimore Cemetery

Date January 29th 1909

Undertaker Stewart & Mowen Co

Address 215 - Park Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

C19130

Registered No. C C19130

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Greenmount av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Kemp.

Residence, Give Street and Number, 716 Greenmount av.

Duration of Residence in Baltimore, 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	W

DATE OF BIRTH Oct 1826.

AGE 83 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Deitz

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Balt.

(Address)

Filed 1/28 1909

HARRY C. ANDREWS. PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 27, 1909.

I HEREBY CERTIFY, That I attended deceased from Jan 27 1909 to Jan 27 1909

that I last saw h alive on Jan 27 1909

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate,).

Broncho Pneumonia

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. H. Harryman M. D.

Address 1230 N. Carlton St.

Date Jan 27, 1909

Place of Burial Loudon Park

Date Jan 29 1909

Undertaker William Cook

Address 502 E Northam

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore

Ward 15

Registered No. B C19131

C19131

CERTIFICATE OF DEATH.

4 2

(Place of Death.) No. 1841 Lorman St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth Gaut

{ Residence, if in Baltimore, Give Street and Number. } 1841 Lorman St,

Duration of Residence in Baltimore. about 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 46 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Wm Gross

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E Hall

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Gaut

(Address) 1841 Lorman st

Filed 1/28 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27 - 1909

I HEREBY CERTIFY, That I attended deceased from Dec 2 - 1908 to Jan 27 - 1909

that I last saw h.. alive on Jan 25 - 1909,

and that death occurred, on the date stated above, at 7.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inanition.

about 3 or 4 ~~Months~~ (DURATION) DAYS

Contributory (Primary.) Carcinoma of uterus (DURATION) 9 DAYS

(Signed) C M Cook M.D.

Address 1101 W Lanvale st

Date Jan 27 - 1909

Place of Burial Mt Auburn Cemt

Date Jan 30th 1909

Undertaker Alex Hemsley

Address 578 W. Biddle st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 18

Registered No. B C19132

C19132

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 860 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August Heil

{ Residence, if in Baltimore, Give Street and Number. } 860 W. Fayette St.

Duration of Residence in Baltimore. 23 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 13 1881

AGE 27 years, 8 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N. J.

FULL NAME OF FATHER Chas. Heil

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Catherine Balz

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Chas. Heil

(Address) 860 W. Fayette

Filed 1/28 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 25. 1909

I HEREBY CERTIFY, That I attended deceased from October 1900 to Jan. 25. 1909 that I last saw him alive on Jan. 25. 1909, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Complicated by Brights disease

8 Years (DURATION) — DAYS

Contributary (Primary) Asthenia (DURATION) 2 DAYS

(Signed) Jno. L. Pickel M.D.

Address 1312 Ashland ave

Date Jan. 27. 1909

Place of Burial Loyden Park

Date 1/28/09 190

Undertaker Sterrig & Son

Address 2038 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C19133 Registered No. B C19133

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 S Chapple St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Katie Groth

{Residence, if in Baltimore, Give Street and Number.} 508 S Chapple St

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1875

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Fred Groth

(Address) 508 S Chapple St

Filed 1/28 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 25 1909 to Jan. 27 1909 that I last saw her alive on Jan. 26 1909, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver

about one year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St.

Date Jan. 28 1909

Place of Burial St Mathias Cem

Date Jan 29th 1909

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B C19134

C19134

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 6 W. Patuxent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Schimmyer

{Residence, if in Baltimore, Give Street and Number.} 6 W. Patuxent St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: W
DATE OF BIRTH: March 17 1859	
AGE: 50 years, 10 months, days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): md	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Driver	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Schimmyer

(Address) 6 W. Patuxent St

Filed 1/28 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25 1909 to Jan. 27 1909 that I last saw him alive on Jan 27 1909 and that death occurred, on the date stated above, at 3.05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Con'tributory (Primary.) Alcoholism

(DURATION) 18 DAYS

(Signed) A. C. Hearn M.D.

Address 196 Hilton Ave

Date Jan. 27 1909

Place of Burial Oak Lawn Cem

Date Jan 30th 1909

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. B C19135

C19135

CERTIFICATE OF DEATH. 1/20

(Place of Death.) No. 439 N. Milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susannah Sheridan

{Residence, if in Baltimore, Give Street and Number.} 439 N Milton ave

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 14 1855

AGE 53 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Henry Cookes

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Mary Tamira

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F. Sheridan

(Address) 439 N. Milton ave

Filed 1/28 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 27 th 1909

I HEREBY CERTIFY, That I attended deceased from Jany 14 1909 to Jany 27 1909 that I last saw h[illegible] alive on Jany 25 1909 and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

a few days

(DURATION) DAYS

Contributory (Primary) Brights Disease

and Aortic Stenosis (DURATION) Indefinite DAYS

(Signed) Geo Deaver M.D.

Address E N Bway

Date Jany 29 1909

Place of Burial Greenmount Cemetery

Date Jan 29/09 1909

Undertaker Allard & Fuller

Address 221 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 4

Registered No. C 10136

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 937 Harris Alle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Marshal

Residence, Give Street and Number, 937 Harris alle

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Female	White

DATE OF BIRTH July 14 1903

AGE 6 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Michael Marshal

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Mary Linkowska

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Marshal

(Address) 937 Harris Alle

Filed Jan 28. 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 27 1909

I HEREBY CERTIFY, That I attended deceased from January 24 1909 to January 27 1909 that I last saw her alive on January 27 1909 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Negibritis (DURATION) 20 DAYS

Contributory (Primary) Dropsi (DURATION) 10 DAYS

(Signed) J. J. Szuwalski M. D.

Address 1713 Bank St

Date January 27 1909

Place of Burial St Stanislaus

Date Friday January 29 1908

Undertaker M F Sudowski

Address 703 S Ann St

Remarks

C19137

15

C19137

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

21

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2642 N North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME F. Bruno Kleffman

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR white

DATE OF BIRTH Feb 6 1888 (Month) (Day) (Year)

AGE 20 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) York. Pa.

FULL NAME OF FATHER F. Frederick Keffman

BIRTHPLACE OF FATHER (State or country) York Pa

MAIDEN NAME OF MOTHER Marie Bruno

BIRTHPLACE OF MOTHER (State or country) Balt. City.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W Kleffman

(Address) 836 W. Mont Ave

Filed 1/29 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1909 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ——— 1906 to Jan 28 1909 that I last saw h[im] alive on Jan 27 1909, and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) W Kleffman M. D.

Jan 28 1909 (Address) 836 W. Mont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Pauls Luth Cemetery	Jan 30 1909
UNDERTAKER	ADDRESS
Wm. A Robertson	

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. C 19138 ~~C 19138~~ 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 562 Mosher St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Cox

Residence, Give Street and Number, 562 Mosher St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: Colored

DATE OF BIRTH: Unknown

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Infant

BIRTHPLACE (State or county): Balto.

FULL NAME OF FATHER: Robert Berry

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER: Sarah Cox

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Berry

(Address) 2019 Druid Hill Ave.

Filed 1/29 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: June 27 1909.

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsion

(DURATION) ..... DAYS

Contributory (Primary) Pneumonia

(DURATION) ..... DAYS

(Signed) Sigard Baldwin M. D.

Address 700 N. Laf. Ave (Corner)

Date June 27 1909.

Place of Burial Mt. Auburn, Cemetery

Date January 29th 1909

Undertaker Geley & Frye

Address 102 E. Mulberry St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

Ward 7

HEALTH DEPARTMENT, City of Baltimore.

C19139 Registered No. C C19139

6

CERTIFICATE OF DEATH.

(Place of Death.) No. 700 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Sperzel

Residence, Give Street and Number, 700 S. Durham

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	White

DATE OF BIRTH Jan 26th 1902

AGE 7 years, — months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Balto. Md.

FULL NAME OF FATHER John Sperzel

BIRTHPLACE OF FATHER (State or county) Balto. Md.

MAIDEN NAME OF MOTHER Barbara Barnickle

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sperzel

(Address) 700 S. Durham st

Filed 1/29 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 25, 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1909 to Jan 25, 1909

that I last saw him alive on Jan 25, 1909

and that death occurred, on the date stated above, at 6 10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) 14 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible], M. D.,

Address [illegible]

Date Jan 29, 1909

Place of Burial Holy Redeemer Cemetery

Date Jan 30th 1909

Undertaker Lilly and Keller

Address 412 S. Wolfe st.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C19140 Registered No. C C19140

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1512 Druid Hill Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jerome Aeton

Residence, Give Street and Number, 1512 Druid Hill Ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR B

DATE OF BIRTH ..... 1 .....

AGE X years, X months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Baeto Md

FULL NAME OF FATHER John Allen

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Rosa Hollyfore

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Allen

(Address) 1511 Mulliken Ave

Filed 1/29 1909 HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~/~~ 190

that I last saw h alive on ~~/~~ 190

and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate,)

Convulsions

Syncope

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk C Carullo M. D.

Address Coroners Office

Date Jan 28 09 1909

Place of Burial [illegible]

Date JAN 28 1909 1909

Undertaker Commissioner Health,

Address Per. Wm. E. WOODALL

Remarks

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAD THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 19141

C19141

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Mauer

Residence, Give Street and Number, ...

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
M.	B

DATE OF BIRTH .....

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/29 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from Dec 25 1909 to Jan 28 1909

that I last saw h.. alive on Jan 28 1909

and that death occurred, on the date stated above, at 12 45 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Cystectomy

(DURATION) ..... DAYS

Contributory (Primary) Tuberculosis of Bladder (DURATION) ..... DAYS

(Signed) W. H. Baker M. D.

Address Baltimore Hospital

Date Jan 28 1909

Place of Burial JOHNS HOPKINS HOSPITAL GRAY VIEW ASYLUM

Date JAN 28 1909 190

Undertaker G. L. Hurley

Address 931 N. Mount St

Remarks .....

FOR ANATOMICAL PURPOSES

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14

READ THE LAW PRINTED ON THE ...

HEALTH DEPARTMENT, City of Baltimore.

C19142

Ward ..... Registered No. C 19142

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas Zenke

Residence, Give Street and Number, —

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Lab -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/29 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Jan 28 1909

that I last saw h— alive on Jan 28 1909

and that death occurred, on the date stated above, at 3 45 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Organic Heart

Nephritis (DURATION) ..... DAYS

(Signed) H. H. Zeller M. D.

Address Johns Hopkins Hospital

Date Jan 28 1909

Place of Burial JOHNS HOPKINS HOSPITAL BAY VIEW ASYLUM JAN 29 1909

Date 190

Undertaker G. L. Hurley

Address 931 N. Mouth St

Remarks .....

FOR ANATOMICAL PURPOSES

19

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

READ THE LAW PRINTED ON THE [illegible]

HEALTH DEPARTMENT, City of Baltimore.

Ward..... Registered No. C C19143

C19143

CERTIFICATE OF DEATH.

14 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Bauchardt.

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female COLOR W.

DATE OF BIRTH Feb 18 1836

AGE 72 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Pennsylvania

FULL NAME OF FATHER Jake Seitz

BIRTHPLACE OF FATHER (State or county) Germany.

MAIDEN NAME OF MOTHER — Bowman

BIRTHPLACE OF MOTHER (State or county) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Hall

(Address) BAY VIEW ASYLUM.

Filed 1/29 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 27. 1909.

I HEREBY CERTIFY, That I attended deceased from Nov 30, 1908 to Jan 27 1909 that I last saw her alive on Jan 27 1909 and that death occurred, on the date stated above, at 2 15 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Gangrene of buttocks

Sepsis & Exhaustion

(DURATION) DAYS

Contributory (Primary) Arthritis

Deformans (DURATION) DAYS

(Signed) H. W. Baker M. D.

Address Bay View Hospital

Date Jan 27, 1909.

Place of Burial Loudon Park Cem

Date January 29 1909

Undertaker Joseph B Cook

Address 1003 N Bacon St

Remarks.....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, ...

Ward 14 C19144 Registered No. B C19144

CERTIFICATE OF DEATH.

167

(Place of Death.) No. University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos Freeman

{Residence, if in Baltimore, Give Street and Number.} 15 Penn. St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH ... 1 ...

AGE 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Thos Freeman

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Eliz Kays.

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jack Brown

(Address) 1086 Monterey Ave

Filed 1/29 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate.)

Shock, due to burns from a coal stove

... (DURATION) 1 DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) ... M.D.

Address ...

Date Jan 29 1909

Place of Burial Laurel

Date Jany 31 1909

Undertaker J. L. Broyntson

Address 108 W Monterey Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B C19145

C19145

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1832 Thames St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles P Swanson

{Residence, if in Baltimore, Give Street and Number.} 1832 Thames St —

Duration of Residence in Baltimore. 43 yrs —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 17th 1863

AGE: 45 years, 6 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England.

FULL NAME OF FATHER: Charles Swanson

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: Elizabeth Grant

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Swanson

(Address) 1832 Thames St

Filed 1/29 1909

HARRY C. ANDREW.
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 26 1909

I HEREBY CERTIFY, That I attended deceased from Jan 22 1909 to Jan. 26 1909

that I last saw him alive on Jan. 26 1909

and that death occurred, on the date stated above, at 12 40 M. CAUSE OF DEATH (Secondary or Immediate)

Double Pneumonia

5 — (DURATION) DAYS,

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) Chas S. Neer M.D.

Address 619 Patterson Park Ave

Date Jan. 28 1909

Place of Burial St. Evangelical

Date Jan. 29 1909

Undertaker H. Sander & Son

Address S. E. Cor. Broadway & Balto Sts. and 1708-1710 Gaston Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C19146 Registered No. B C19146

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 S. Castle St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name James Reese

{ Residence, if in Baltimore, Give Street and Number. } 606 S Castle St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 17 1907

AGE 1 years, 3 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt. City

FULL NAME OF FATHER Charles Reese

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Kahlert

BIRTHPLACE OF MOTHER (State or country) Balt. City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Rose

(Address) 606 S Castle St

Filed 1/29 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 27th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 24 1909 to Jan 27 1909 that I last saw him alive on Jan 27 1909, and that death occurred, on the date stated above, at 11.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cap. Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) 1711 E Balt St- M.D.

Address E B Button Md.

Date Jan 27th 1909

Place of Burial Ft Davis Cem

Date Jan 30 1909

Undertaker H. Sander's Sons

Address 1700-02 E. Baltimore Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 21

C19147 Registered No. B C19147

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 523 S. Chappel St. (If Death occurred in Hospital or Institution, Give its Name instead of Street and Number.)

Full Name William Ennis McKenna

{Residence, if in Baltimore, Give Street and Number.} 523 S. Chappel St.

Duration of Residence in Baltimore. about 42 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 24th 1865

AGE: 43 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): District of Columbia

FULL NAME OF FATHER: Charles McLewee

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Livina Jordan

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Restaurateur

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth McLewee

(Address) 523 S. Chapel St.

Filed 1/29 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28, 1909

I HEREBY CERTIFY, That I attended deceased from July 31, 07 1907 to Jan 28 1909 that I last saw h[illegible] alive on Jan 9 1909 and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about 1½ yrs (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 30 DAYS

(Signed) Geo. Keller M.D. M.D.

Address 1937 Gough St

Date Jan 29 1909

Place of Burial Mt Carmel Cem

Date Jan. 31st 1909

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Bal

C19148 C19148

Ward ..... Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2211 Boyer St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis X Schuchr

{Residence, if in Baltimore, Give Street and Number.} 2211. Boyer St.

Duration of Residence in Baltimore. 1 year 5 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1907

AGE 1 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Peter J Schuchr

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Francis Schuchr

BIRTHPLACE OF MOTHER (State or country) Ireland-

OCCUPATION OF DECEASED None-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter J. Schuchr

(Address) 2211-Boyer St

Filed 1/29 1909

HARRY C. ANDREWS, PERMIT CLERK. WM. J. C. DULANY, CLERK. BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28 1909

I HEREBY CERTIFY, That I attended deceased from Jan 27 1909 to Jan 27 1909 that I last saw him alive on Jan 27 1909, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

(DURATION) 7 DAYS

Contributory (Primary) Pneumonia

(DURATION) 1 DAYS

(Signed) W. S. Gans M.D.

Address 1316 Druid

Date 1-28 1909

Place of Burial St- Peters

Date Jan- 29th 1909

Undertaker Wm. H. Gauthrop

Address 901-N. Fulton Ave-

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

C19149

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C19149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

42

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 3010 Baker st St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ottilie Rossmann.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. (Month) 27 (Day) 1845 (Year)

AGE: 63 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Brooklyn N.Y.

FULL NAME OF FATHER: Ludwig T Trendelenburg.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Scherer

BIRTHPLACE OF MOTHER (State or country): Phila Pa

OCCUPATION OF DECEASED: XXX

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Rossmann

(Address) 3010 Baker st

Filed 1/29 1909

HARRY C. [illegible]
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 27 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11th 1908 to Jan 27th 1909

that I last saw her alive on Jan 27 1909,

and that death occurred, on the date stated above, at 11.15 a. M. The CAUSE OF DEATH was as follows:

Uremia

Uterine Carcinoma

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) A. F. Zimmermann M. D.

Jan 28 1909 (Address) 1805 W. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 30 1909

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full ***name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of

Ward 15 C19150 C19150 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 3039 W North ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Richard J. Swannstedt

{Residence, if in Baltimore, Give Street and Number.} 3039 W North ave

Duration of Residence in Baltimore. Live

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Aug 13 1907

AGE 1 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Rich. Swannstedt Jr

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER A Maude Johnson

BIRTHPLACE OF MOTHER (State or country) Harford Co. Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richd Swannstedt

(Address) 2012 W Fayette St

Filed 1/29 1909 HARRY O. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25 1909 to Jan 27th 1909 that I last saw him alive on Jan 27th 1909 and that death occurred, on the date stated above, at 1.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis (Acute)

(DURATION) 3 DAYS

Contributory (Primary.) Dentition

(DURATION) DAYS

(Signed) J.A. Zapp M.D.

Address 3050 W North ave

Date Jan 28th 1909

Place of Burial Green Mt Cemetery

Date Jany 30" 1909

Undertaker E Madison Mitchell

Address 1701 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. B C19151

C19151

CERTIFICATE OF DEATH.

40

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nathaniel Wilson

{ Residence, if in Baltimore, Give Street and Number. } 2314 Hunter Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 48 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Wilson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Gray

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Wilson

(Address) 2314 Hunter Place

Filed 1/29 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28 1909

I HEREBY CERTIFY, That I attended deceased from Jan 24" 1909 to Jan 28" 1909

that I last saw him alive on Jan 28" 1909,

and that death occurred, on the date stated above, at 6.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Jan. 29" 1909

Place of Burial Lauderdale

Date Jan 31 1909

Undertaker John H Owens & Son

Address 1222 Druid Pk

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C19152

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C19152

City of Baltimore, (No. 1176, Columbia Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Sarah Tyman (Tyman)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White

DATE OF BIRTH: 1 (Month) (Day) (Year)

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Anthony Griffin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Brigett Griffin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1205 W. Fayette St

Filed 1/29 1909

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 1 (Month) 27 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2 1908 to Jan 27 1909

that I last saw h er alive on Jan 6 1909,

and that death occurred, on the date stated above, at 5 a M. The CAUSE OF DEATH was as follows:

Carcinoma of Liver

(DURATION) 3 mos DAYS

Contributory Heart Failure

(DURATION) 11 DAYS

(Signed) Frank Boyd M. D.

Jan 29 1909 (Address) 902 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Jan 30th 1909
UNDERTAKER	**ADDRESS**
John J Fields	1205 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT

Ward 20

C19153 Registered No. B C19153

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1911 W. Fayette St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marietta Dunborow

{Residence, if in Baltimore, Give Street and Number.} 1911 W. Fayette St

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 1843

AGE: 65 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Mr Ledmin

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: Miss Austin

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Horace S. Neely

(Address) 1911 W. Fayette St

Filed 1/29 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27th 1909

I HEREBY CERTIFY, That I attended deceased from January 9th 1909 to Jan 27th 1909 that I last saw her alive on Jan 27th 1909, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 6 DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) 18 DAYS

(Signed) Robt. G. L. Trumbkin M.D.

Address 1174 N. Fulton ave

Date January 27th 1909

Place of Burial Mount Olivet Cem.

Date January - 30 - 1909

Undertaker Crowley Bros

Address 25 N. Fulton ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City of [illegible]
[If death
USUAL
give facts
"Special

PER

SEX Fe

DATE OF B

AGE 4

SINGLE, MA
WIDOWED,

BIRTHPLAC
(State or cou

FULL NAME
OF FATHER

BIRTHPLACE
OF FATHER
(State or cou

MAIDEN NAM
OF MOTHER

BIRTHPLACE
OF MOTHER
(State or cou

OCCUPATION
OF DECEASE

THE ABOVE S
BEST OF MY

(Informant)

(Addres

Filed 1/29

HEAD THE LAW PRINTED ON THE MARGIN.

Ward 11

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C19154 C19154

CERTIFICATE OF DEATH.

167

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Matilda Saunders,

Residence, Give Street and Number, 808 N. Calvert St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 3rd 1855

AGE: 85 years, — months, — days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED.~~ —

BIRTHPLACE (State or county): Balto

FULL NAME OF FATHER: Abram —

BIRTHPLACE OF FATHER (State or county): Balto

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or county): Not Known

OCCUPATION OF DECEASED: Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J B Saunders Son

(Address) 2119 E Pratt

Filed Jan 29 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 28 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Second degree burn of entire body, (Accident- gas stove explosion) (DURATION) ..... DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date January 28, 1909.

Place of Burial Interred

Date Sat. Jan. 30 1909

Undertaker H C Nicholson

Address 914 Lexington Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C19155 — Registered No. B C19155

90 -

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home - St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Smith

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home -

Duration of Residence in Baltimore. 4 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	July 29, 1908
AGE	years, 5 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth Home.

Filed 1/29 1909 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 27 1909

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1908 to Jan. 27 1909 that I last saw him alive on Jan. 27 1909, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 4 DAYS

Contributory (Primary.) Congenital Debility

(DURATION) Life DAYS

(Signed) A C Ellis M.D.

Address 1519 N. Carolina St.

Date Jan. 28, 1909

Place of Burial Cathedral Cemetery

Date Jan. 30th 1909

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward W

C19156

Registered No. B C19156

CERTIFICATE OF DEATH.

92

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Laura Garner -

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Dec. 31, 1908

AGE: ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Laura Garner

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred.

(Address) St Elizabeths Home

Filed 1/29 - 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 28 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 31 1908 to Jan. 27 1909 that I last saw h[illegible] alive on Jan. 27 1909, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Congenital debility

(DURATION) Life DAYS

(Signed) A. C. Ellis M.D.

Address 1519 N. Carlin St.

Date Jan. 28, 1909

Place of Burial Cathedral Cemetery

Date Jan 30th 1909

Undertaker Felix B. Pyle,

Address 102 E. Mulberry St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

DEPAR[illegible]T, City of Baltimore.

Registered No. B C19157

C19157

[illegible]TIFICATE OF DEATH.

Place of Death. No. [illegible] [illegible]abeths Home - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Lee

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male - | COLOR Black -

DATE OF BIRTH Dec. 21, 1908

AGE ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Sidney Lee

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Mildred

(Address) St. Elizabeths Home.

Filed 1/29 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 28. 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1908 to Jan. 27 1909 that I last saw him alive on Jan. 27 1909 and that death occurred, on the date stated above, at 11.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION)

Contributory (Primary.)

(DURATION)

(Signed) A. Gillis

Address 1519 N. Carey

Date Jan 28, 1909.

Place of Burial Cathedral Cemetery

Date Jan. 30th 1909

Undertaker Tabor B. Payne.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 1

Registered No. B C19158

CERTIFICATE OF DEATH.

27

(Place of Death.) No. U.S. Marine Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Huber

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: — 1

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. P. Graham

(Address) U.S. Marine Hospital.

Filed Jan 29 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1908

I HEREBY CERTIFY, That I attended deceased from December 3 1908 to January 27 1909 that I last saw him alive on January 27 1909, and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercle of lung.

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) W. P. McIntosh M.D.

Address U.S. Marine Hospital.

Date January 28. 1909

Place of Burial New Methodist Cemetery

Date January 30 1909

Undertaker H. E. Hughes

Address 17 S. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C19159 Registered No. B C19159

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 510 S Caollendon - St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.

Full Name Thos. A. Naylor.

{ Residence, if in Baltimore, Give Street and Number. } 510 S Callendon.

Duration of Residence in Baltimore. 43 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 5th 1864

AGE: 44 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Aaron Naylor

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret McDermott

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Annie E. Naylor

(Address) 510 Calendon Ave

Filed 1/30 1909 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 26 1909

I HEREBY CERTIFY, That I attended deceased from Jan 12 1909 to Jan 26 1909

that I last saw h - alive on Jan 24 1909

and that death occurred, on the date stated above, at 4.20 P.M.

CAUSE OF DEATH (Secondary or Immediate

Pulmonary Phthisis

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 510 Lorain

Date Jan 28 1909

Place of Burial Western

Date Feb 1 1909

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

C19160 Registered No. B C19160

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 700 Penn Lucy Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stella May Larner

{Residence, if in Baltimore, Give Street and Number.} 700 Penn Lucy Ave.

Duration of Residence in Baltimore. Nine years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 28th 1882

AGE 26 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER Jacob G. Larner

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Mary C. Willis

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Quelg

(Address) Catonsville Md

Filed 1/30 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1909 to Jan 28th 1909 that I last saw her alive on Jan 28 1909, and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure
(Myocarditis)

(DURATION) 5 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 21 DAYS

(Signed) le. D. Rollins M.D.

Address 225 E 25th

Date Jan 28th 1909

Place of Burial Loudon Park

Date Jan 30 1909

Undertaker Wm Cook

Address 502 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C19161 Registered No. C C19161

CERTIFICATE OF DEATH.

155

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Flannery

Residence, Give Street and Number, 879 N. Howard St

Duration of Residence in Baltimore, Unknown

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Ohio

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or county): Unknown

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mapleng

(Address) 13 S. Arlington Ave

Filed 1/30 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan. 26th 1909.

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Carbonic acid poisoning

(DURATION) DAYS

Contributory (Primary) Suicide

(DURATION) DAYS

(Signed) Sidney Boardman M. D.

Address 700 N. Laf. Ave (Coroner)

Date Jan. 26 1909.

Place of Burial Baltimore Cem

Date Feb. 1. 1909 1909

Undertaker Wm Cook

Address 502 E North Ave

Remarks

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 Registered No. C 19162

C19162

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 915 Leadenhall St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Effie E. Michael

Residence, Give Street and Number, 915 Leadenhall St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Female
COLOR	White
DATE OF BIRTH	Dec 17 - 1891 1
AGE	17 years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	Single
BIRTHPLACE (State or county)	Baltimore Md
FULL NAME OF FATHER	Wm L. Michael
BIRTHPLACE OF FATHER (State or county)	Baltimore Md.
MAIDEN NAME OF MOTHER	Ida V. Frank.
BIRTHPLACE OF MOTHER (State or county)	Baltimore Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida V. Michael

(Address) 915 Leadenhall St.

Filed 1/30 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 28 1909

I HEREBY CERTIFY, That I attended deceased from Sept 1 1908 to Jany 27 1909

that I last saw her alive on Jany 27 1909

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure, Septic Tuberculosis, Asphyxia —

(DURATION) 6 DAYS

Contributory (Primary) Tuberculosis of lungs (DURATION) about 365 DAYS

(Signed) E. Judson Miller M. D.

Address 2435 Edmondson av

Date January 28 1909

Place of Burial Cedar Hill

Date Jan 30/909 1909

Undertaker Wm Cook

Address 502 E. Hartford

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C19163 — Registered No. C 19163

CERTIFICATE OF DEATH.

(Place of Death.) No. 1805 Aiken St. St. — (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Martha Behling

Residence, Give Street and Number, 1805 Aiken St

Duration of Residence in Baltimore, always.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female — COLOR: White

DATE OF BIRTH: Dec 26 1888

AGE: 21 years, 1 months, - days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Balt

FULL NAME OF FATHER: Albert Behling

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Dora Behling

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Behling

(Address) 1805 Aiken St

Filed 1/30 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jany 29th 1909

I HEREBY CERTIFY, That I attended deceased from Jany 8th 1908 to Jany 29th 1909 that I last saw her alive on Jany 27th 1909 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Valvular disease Heart

(DURATION) Yrs 1 Mos 1 Days

Contributory (Primary)

(DURATION) DAYS

(Signed) J. C. Storen M. D.

Address 1501 Edgewood

Date Jany 29th 1909

Place of Burial Loart

Date Jany 31 1909

Undertaker William Cook

Address 502 E Northern

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

Registered No. B C19164

C19164

CERTIFICATE OF DEATH.

Place of Death.) No. 726 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo A. Wittman

{ Residence, if in Baltimore, Give Street and Number. } 726 S Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	m
COLOR	W
DATE OF BIRTH	Dec 4 1907
AGE	..... years, 1 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Geo Wittman
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Minnie Hemrick
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Wittman

(Address) 726 S Bond

Filed 1/30 1909 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 26 1909 to Jan 29 1909 that I last saw h alive on Jan 29 1909, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cellulitis Erysipelas

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. F. Martin M.D.

Address 66 E. Baltimore

Date Jan 30 1909

Place of Burial Mt. Carmel Balto. Co.

Date Jan 30/1909 1909

Undertaker Leuthold

Address 502 E. North

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

C19165

Registered No. C C19165

56

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Jail St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Patrick Meehan

Residence, Give Street and Number, 641 Lexington St.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: —

1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Lynchburg, Va.

FULL NAME OF FATHER: John Meehan

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Mary Lawrence

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Meehan

(Address) 57 Exeter St

Filed 1/30 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 27 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Alcoholism

(DURATION) DAYS

Contributory (Primary) Delirium Tremens

(DURATION) DAYS

(Signed) Ronald T. Abercrombie M. D.

Address Coroner

Date January 28 1909

Place of Burial St. Vincents Cem

Date Jan 29 1909 190

Undertaker Wm Cook

Address 202 E. North Ave

Remarks Inquest held at Baltimore City Jail: Verdict death caused by the effects of Alcoholism & Delirium Tremens.
R.T.A.
Jan 28, 1909, 8.30 P.M.

19

Ward 20 C19166 Registered No. B C19166

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2003 Christian St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Lorenz

{ Residence, if in Baltimore, Give Street and Number. } 2002 Christian St

Duration of Residence in Baltimore. 15 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 24" 1831

AGE: 78 years, ~~7~~ months, ~~25~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Knew

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Frances Finstner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(informant) Reinhard Lorenz.

(Address) 2003 Christian St

Filed 1/30 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 29th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25 1909 to Jan 29 1909 that I last saw him alive on Jan 28 1909, and that death occurred, on the date stated above, at ~~6~~ A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

from Pneumonia

(DURATION) 1/2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) Joseph Leichner M.D.

Address 1016 Madison Ave

Date Jan 30th 1909

Place of Burial New Cathedral

Date Feb 1" 1909

Undertaker N. S. Finn

Address 213 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. C19167 THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C C19167 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1639 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Witorija Brozowska

Residence, Give Street and Number, 1639 Eastern ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Dec 23 1908

AGE — years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER John Brozowski

BIRTHPLACE OF FATHER (State or county) Poland

MAIDEN NAME OF MOTHER Sofilia Welzant

BIRTHPLACE OF MOTHER (State or county) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brozowski

(Address) 1639 Eastern ave

Filed 1/30 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 28 1909 to Jan 29 1909 that I last saw h er alive on Jan 29 1909 and that death occurred, on the date stated above, at 6 0 M. CAUSE OF DEATH (Secondary or Immediate,)

Collapsing Bronchitis

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Wilentina M. D.

Address 1639 Eastern ave

Date Jan 30 1909

Place of Burial Holy Rosary

Date Jan 30 1909

Undertaker Joseph Brozowski

Address 1710 Aliceanna st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C19168

C19168

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 854 Tyson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Hayden

{Residence, if in Baltimore, Give Street and Number.} 854 Tyson St.

Duration of Residence in Baltimore. Unknown.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson Miles

(Address) 610 Leadenhall St

Filed 1/30 1909 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25 1909 to Jan 28 1909 that I last saw h im alive on Jan 25 1909, and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Old age.

(DURATION) ..... DAYS

(Signed) S. H. Strull M.D.

Address Md Gen'l Hosp.

Date Jan 29 1909

Place of Burial Laurel

Date Jany 30 1909

Undertaker J. L. Brown & Son

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 10 C19169 Registered No. B C19169

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1035 Rice St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Fairfax

{Residence, if in Baltimore, Give Street and Number.} 1035 Rice St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Fem
COLOR	Blk
DATE OF BIRTH	Unknown
AGE	54 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Essex Co Va
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	do
MAIDEN NAME OF MOTHER	do
BIRTHPLACE OF MOTHER (State or country)	do
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant David Fairfax

Address 1035 Rice St

Filed 1/30 1909 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Nov 1908 to Jan 29 1909

that I last saw h[illegible] alive on Jan 28 1909,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Arterio-Sclerosis

Chronic Nephritis

1 yr 3 mo (DURATION) ..... DAYS

Contributory (Primary) Asthenia

..... (DURATION) ..... DAYS

(Signed) H Howard M.D.

Address 1324 N Fayette

Date Jan 29 1909

Place of Burial Mt. Auburn Cemetery

Date Jan. 31 1909

Undertaker Felix B. Pyle

Address 102 E. Wilbury St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

C19170

Registered No. C C19170

77

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Foster St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fleming

Residence, Give Street and Number, 1509 Foster St

Duration of Residence in Baltimore, 7 mos.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown

AGE: About 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Va

FULL NAME OF FATHER: John Fleming

BIRTHPLACE OF FATHER (State or county): Va

MAIDEN NAME OF MOTHER: Martha Montague

BIRTHPLACE OF MOTHER (State or county): Va

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Fleming

(Address) 1509 Foster St.

Filed 1/30 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jan. 28 1909.

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Consumption

Unknown (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Richard Buchanan M. D.

Address 700 N. Lafayette Ave. (Corner)

Date Jan. 29 1909.

Place of Burial Mt. Auburn Cemetery

Date Jan 30th 1909

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

6 19171

Registered No. C 19171

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Yaeger

Residence, Give Street and Number, 1326 S Caroline St

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX	M
COLOR	W.
DATE OF BIRTH	Sept. 25th 1875
AGE	33 years, ... months, ... days
SINGLE, MARRIED, WIDOWED OR DIVORCED.	M.
BIRTHPLACE (State or county)	Md.
FULL NAME OF FATHER	Peter Yeager
BIRTHPLACE OF FATHER (State or county)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or county)	Unknown
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) EAST VIEW ASYLUM.

(Address)

Filed 1/30 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from Sept 15 1908 to Jan 28 1909

that I last saw h[illegible] alive on Jan 28 1909

and that death occurred, on the date stated above, at 8:55 A. M. CAUSE OF DEATH (Secondary or Immediate,)

C. Cancer

(DURATION) ... DAYS

Contributory (Primary) Pulmonary Phthisis (DURATION) 1 DAYS

(Signed) H W Baker M. D.

Address Bay View Hospital

Date Jan 28 1909

Place of Burial Mt Carmel Cem

Date June 1909

Undertaker Geo M. Funk

Address 811 N Wolfe St

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. C [redacted]

CERTIFICATE OF DEATH.

C19172

(Place of Death.) No. 512 N. Collington Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Schneider

Residence, Give Street and Number, 512 N. Collington Ave

Duration of Residence in Baltimore, 46 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR white

DATE OF BIRTH September 18 1834

AGE 74 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or county) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or county) "

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schneider

(Address) 841 N. Washington st

Filed 1/30 1909 BARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 29/09 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23d 1909 to Jan 29th 1909

that I last saw him alive on Jan 29th 1909

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Robert Sachs M. D.

Address 1918 E. Baltimore St

Date Jan 29th 1909

Place of Burial Baltimore Cemetary

Date Feb 2nd 1909

Undertaker W J Hartley

Address 2012 E Madison st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C19173 Registered No. B C19173

CERTIFICATE OF DEATH.

17

(Place of Death.) No. Bay View Hospital Insane Department St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Roy

{ Residence, if in Baltimore, Give Street and Number. } Baltimore 2129 Division St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Levi Roy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanche Roy

(Address) 2129 Division St

Filed 1/30 1909 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27 1909

I HEREBY CERTIFY, That I attended deceased from June 15 1908 to Jany 27 1909 that I last saw her alive on Jany 27 1909, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia & Exhaustion

(DURATION) DAYS

Contributory (Primary) Tubercular

Broncho Pneumonia (DURATION) DAYS

(Signed) William H. Schwartz M.D.

Address Bay View Asylum

Date January 28 1909

Place of Burial Laurel Cemetery

Date Jan 30 1909

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

C19174

Registered No. C C19174

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lydia Oldham

Residence, Give Street and Number, 534 Moore Alley

Duration of Residence in Baltimore, Life Time

PERSONAL AND STATISTICAL PARTICULARS.

SEX F.

COLOR B.

DATE OF BIRTH ..... 1.....

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. S.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER William Oldham

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER Lucretia Anderson

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/30 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from Jan 28 1907 to Jan 28 1909 that I last saw h[illegible] alive on Jan 25 1909 and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or Immediate,)

Syphilis & Cy Cachexia

..... (DURATION) ..... DAYS

Contributory (Primary) Empiteloy of Head (DURATION) DAYS

(Signed) W W Baker M. D.

Address Bay View Hospital

Date Jan 29 1909

Place of Burial Laurel Cemetery

Date Jan 31 1909

Undertaker R A Elliott

Address 506 Rogers Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C19175 Registered No. C C19175

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 E. Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Rainier

Residence, Give Street and Number, 222 E. Montgomery St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Sept 8 1816

AGE 92 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Philadelphia Pa

FULL NAME OF FATHER John Hall

BIRTHPLACE OF FATHER (State or county) England

MAIDEN NAME OF MOTHER Ann Gough

~~BIRTHPLACE~~ OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Ryans (Daughter)

(Address) 222 E Montgomery St

Filed 1/30 1909 HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 28th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 24 1909 to Jan 28th 1909 that I last saw her alive on Jan 28th 1909 and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

Contributory (Primary) Acute Bronchitis (DURATION) DAYS

(DURATION) two DAYS

(Signed) E. M. Litsinger M. D.

Address 1216 North Ave

Date Jan 29th 1909

Place of Burial Greenmount

Date JAN 31 1909 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C19176

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C19176

City of Baltimore, (No. 1615 Clifton ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME John J. Von Hagel

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	White

DATE OF BIRTH: Aug (Month) 31 (Day) 1848 (Year)

AGE: 60 years, 4 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: –

BIRTHPLACE OF FATHER (State or country): –

MAIDEN NAME OF MOTHER: –

BIRTHPLACE OF MOTHER (State or country): –

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Von Hagel

(Address) 1615 Clifton ave

Filed 1/30 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 28 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1908 to Jan 28 1909

that I last saw him alive on Jan 27, 1909,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Gastric Carcinoma

(DURATION) 7 DAYS

Contributory General Asthenia

(DURATION) 7 DAYS

(Signed) J Wesley Cole M.D.

Jan 28 1909 (Address) 720 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	JAN 31 1909
UNDERTAKER	ADDRESS
Armstrong Denny Co.	715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Ward 21 C19177 Registered No. B C19177

CERTIFICATE OF DEATH.

(Place of Death.) No. 818 St Peter St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Longgood.

{Residence, if in Baltimore, Give Street and Number.} 818 St Peter St

Duration of Residence in Baltimore... 57 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Oct 26th 1835

AGE 73 years, 3 months, 4 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Charles Hartz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catharine Hartz.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. B. Campbell.

(Address) 115 W. Baltimore St

Filed 1/30 1909. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1908 to Jan 5th 1909 that I last saw h[illegible] alive on Jan 5th 1909, and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Myocanditis

(DURATION) DAYS

Contributory (Primary.) anteria Sclerosis & myocanditis.

(DURATION) DAYS

(Signed) Henrietta M. Thomas M.D.

Address 1718 John St.

Date 29 — 1 — 1909

Place of Burial Loudon Park

Date Feb 1. 1909

Undertaker J. B. Cook

Address 1003 E. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained; the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16

C19178

Registered No. B C19178

CERTIFICATE OF DEATH.

118

(Place of Death.) No. Maryland General Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Barclay

{ Residence, if in Baltimore, Give Street and Number. } 1318 W Lafayette St.

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 18 1860

AGE 44 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Belmont Virginia

FULL NAME OF FATHER William Lewis

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May Barclay Schwalm

(Address) 1318 W. Lafayette Ave

Filed 1/30 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 28 1909 to Jan 29 1909 that I last saw her alive on Jan 29 1909, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis (General)

(DURATION) DAYS

Contributory (Primary.) Appendicitis

(DURATION) DAYS

(Signed) S. H. Streett M.D.

Address Md Genl Hosp.

Date Jan 29 1909

Place of Burial Loudon Park Cemetery

Date Jan 31st 1909

Undertaker George Burns

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 19179

C19179

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1174 Fanticoke St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Boyce.

Residence, Give Street and Number, 1174 Fanticoke St.

Duration of Residence in Baltimore, Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH July 26th 1876

AGE 32 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER William Boyce

BIRTHPLACE OF FATHER (State or county) Baltimore Md.

MAIDEN NAME OF MOTHER Kate Bollack

BIRTHPLACE OF MOTHER (State or county) Baltimore Md.

OCCUPATION OF DECEASED Packer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Boyce

(Address) 1174 Fanticoke

Filed 1/30 1909

HARRY C. ANDREWS,
PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 28th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 31 1908 to Jan 28 1909

that I last saw him alive on Jan 28 1909

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Cardiac dilatation

+ uraemia

(DURATION) 28 DAYS

Contributory (Primary) Nephritis about 6 mos.

(DURATION) DAYS

(Signed) H. E. Knight M. D.

Address 1002 N. Fremont

Date Jan 29 1909

Place of Burial London Park Cemetery

Date Jan 31st 1909

Undertaker Jos. & Chas. H. Deufel.

Address 201 N. Broadway St.

Remarks

READ THE LAW PRINTED ON THE BACK HEREOF.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 19180

C19180

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1 Kennedy Inf. Asy. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Brotchell

Residence, Give Street and Number, St. Vincents Inf. Asy.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincent Inf Asy

(Address) .....

Filed 1/30 1904

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 28 1904

I HEREBY CERTIFY, That I attended deceased from Jan 1 1904 to Jan 27 1904

that I last saw h... alive on Jan 27 1904

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) P. F. Maher M. D.

Address .....

Date Jan 28 1904

Place of Burial Green wood

Date Jan 29 1904

Undertaker Martin Flaherty & Son

Address 600 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C19181 — Registered No. C C19181

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. St. Vincents Inf. & Asylum

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rita Gamse

Residence, Give Street and Number, St. Vincents Inf. Asylum

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W.

DATE OF BIRTH 1

AGE years, months, 20 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincents Inf Asy

(Address)

Filed 1/30 1909 HENRY C. ANDREWS Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 27 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 26 1909

that I last saw h[illegible] alive on " " 1909

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Meningitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. F. Martin M. D.

Address

Date Jan 28 1909

Place of Burial Mt Auburn

Date Jan 31 1909

Undertaker Martin Bahey Co

Address 606 Lafayette Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 019182

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Loring

Residence, Give Street and Number, St. Vincents Inf Asy.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH Dec. 20 1907

AGE ..... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Inf Asy.

(Address)

Filed 1/30 1909 HARRY C. ANDREWS Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 26 1909

that I last saw h... alive on ... 1909

and that death occurred, on the date stated above, at ....M.

CAUSE OF DEATH (Secondary or Immediate,)

Bronchitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P F Markel M. D.

Address

Date Jan 28 1909

Place of Burial Mount Cathedral

Date Jan 29 1909

Undertaker Martin Fickey & Sons

Address 618 Fayette ave

Remarks

Ward 5 Registered No. B C19183

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1004 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Cuneo

{Residence, if in Baltimore, Give Street and Number.} 1004 Eastern ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 10 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Antonio Cuneo

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Josephine Bampfoff

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Antonio Cuneo

(Address) 1004 Eastern Ave

Filed 1/30 1909 HARRY C. ANDERSON, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 27 1909 to Jan 29 1909 that I last saw h— alive on Jan 29 1909, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 W Baltimore

Date Jan 29 1909

Place of Burial St. Vincent Cem.

Date Jan 31" 1909

Undertaker Wendell Disney & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

READ THE LAW PRINTED ON THE MARGIN.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 19184

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Ettting St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm. Griffin

Residence, Give Street and Number, 1118 Ettting St.

Duration of Residence in Baltimore, 33 Years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR Col

DATE OF BIRTH .....

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Wm. Griffin

BIRTHPLACE OF FATHER (State or county) Md.

MAIDEN NAME OF MOTHER Nicie Fisher

BIRTHPLACE OF MOTHER (State or county) Md.

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Della Griffin

(Address) 1118 Ettting St.

Filed 1/30 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 29, 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1909 to Jan. 29, 1909

that I last saw h alive on Jan. 27, 1909

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

.....

.....

.....

Pneumonia (DURATION) Several DAYS

Contributory (Primary) Cerebro Spinal Fever (DURATION) many DAYS

(Signed) W. Edw Magruder M.D.

Address 922 Madison

Date Jan. 29, 1909

Place of Burial Mt. Auburn.

Date Monday, February 1, 1909.

Undertaker Alex Hemsley

Address 578 W. Biddle St.

Remarks .....

.....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C19185

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C19185

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 775 W Mulberry St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Deborah Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown (Month) 1 (Day) Year)

AGE: 49 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Myron V Ford

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Honan wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Johnson

(Address) 755 W Mulberry St.

Filed 1/30 1909

[illegible] PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 28th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 14th 1909 to Jan 28 1909 that I last saw h[illegible] alive on Jan 28 1909, and that death occurred, on the date stated above, at 9 30 P.M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus

(DURATION) 90 DAYS

Contributory .....

Pneumonia (DURATION) 5 DAYS

(Signed) Frank M Gunnon M. D.

Jan 29 1909 (Address) 322 N Greene St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Jan. 31, 1909

UNDERTAKER: Alex. Hemsley — ADDRESS: 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C19186

C19186

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 405 Diamond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Francis

{ Residence, if in Baltimore, Give Street and Number. } 405 Diamond street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER Lucena Brooks

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lilly or Frances

(Address) 405 Diamond st

Filed 1/30 1909

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29th 1909

I HEREBY CERTIFY, That I attended deceased from Dec 12 1908 to Jan 29th 1909 that I last saw her alive on Jan 29 1909, and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Central Pneumonia

(DURATION) 11 DAYS

Contributory (Primary.) Senility

(DURATION) 1½ years

(Signed) D Grantfeath M.D.

Address 354 N. Bradford st

Date Jan 30th 1909

Place of Burial Laurel Cem

Date Jan 31st 1909

Undertaker Alex Hemsley

Address 5 E & W. Biddle st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 19187

CERTIFICATE OF DEATH.

1 20

(Place of Death.) No. 2527 Salem St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriett M. Keedy

Residence, Give Street and Number, 2527 Salem St

Duration of Residence in Baltimore, 1 year

PERSONAL AND STATISTICAL PARTICULARS.

SEX: female

COLOR: White

DATE OF BIRTH: Oct 29 1850

AGE: 58 years, 3 months, days

SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED. Divorced

BIRTHPLACE (State or county) Shepherdstown Md

FULL NAME OF FATHER Henry C. Potter

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER Mary A. Hamming

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Summer S. Keedy

(Address) Ruxton Md

Filed 1/30 1909

JAMES D. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 21 1909 to Jan 29 1909

that I last saw her alive on Jan 29 1909

and that death occurred, on the date stated above, at 7 45 A.M.

CAUSE OF DEATH (Secondary or Immediate,)

Chronic Brights (DURATION) ? DAYS

Contributory (Primary) Edema of Lung (DURATION) 4 DAYS

(Signed) L. F. Frey M. D.

Address 2466 Druid Hill Ave

Date Jan 29th 09 190

Place of Burial Woodlawn Md

Date Feb 1/1909 190

Undertaker Wm Cook

Address 1121 E Baltimore

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C19188 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Furac

{ Residence, if in Baltimore, Give Street and Number. } 239 Lafayette Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX. Female | COLOR White

DATE OF BIRTH ... 1 ...

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Holmes

(Address) 239 E Lafayette Ave

Filed 1/30 1909 HARRY C. ANDREE Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Nephritis.

(DURATION) DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Coroner.

Date January 30, 1909.

Place of Burial Vineland. N.J.

Date Jan. 30. 1909 190

Undertaker Wm Cook

Address 502 E. Hatfield

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C19189

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C19189

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 349 S. Fulton ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James L. Bartlett.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May (Month) 26 (Day) 1860 (Year)

AGE: 48 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Bartlett

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lovinda Motherhead

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geneva Bartlett wife

(Address) 349 S Fulton ave.

Filed 1/30 1909 HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 29th (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25th 1908 to Jan 29th 1909 that I last saw him alive on Jan 28th 1909, and that death occurred, on the date stated above, at 9.10 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Probably 6 months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Gilman F. Evans M. D.

Jan 29th 1909 (Address) 833 N. Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Feb 1 1909

UNDERTAKER: Wm Cook

ADDRESS: 502 E York

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C19190 Registered No. C C19190

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. McKeage.

Residence, Give Street and Number, 537 S Monroe St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH Oct. 28. 1

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~. Single

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Wm McKeage Sr

BIRTHPLACE OF FATHER (State or couuty) Md

MAIDEN NAME OF MOTHER Ester Murphey

BIRTHPLACE OF MOTHER (State or county) Md

OCCUPATION OF DECEASED Black Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ester McKeage

(Address) 537 S Monroe

Filed 1/30 1909 HARRY O. ANDERSON Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 29th, 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 30th 1909 to Jany 29th 1909

that I last saw him alive on Jany 28, 1909

and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Bright's Disease

2 years (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) A. J. Bell M. D.

Address 1321 W. Lanvale St.

Date January 29th 1909

Place of Burial Baltimore Co.

Date Feb. 1. 1909

Undertaker Wm Gorsuch

Address 232 E Northern

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 Registered No. B 19191

19191

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1615 E. Lafayette ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Virginia Kennedy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Oct 8 1864
AGE	45 years, 3 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Sindall
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	A E Markley
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant A E Markley

(Address 1615 E Lafayette ave

Filed 1/30 1909 PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 28th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1909 to Jan 28th 1909 that I last saw h[illegible] alive on Jan 28th 1909, and that death occurred, on the date stated above, at 1.20

4 M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 9 DAYS

Contributory (Primary) Eclampsia

(DURATION) 1 DAYS

(Signed) John Davis M.D.

Address 2102 Orleans st

Date January 28th 1909

Place of Burial Jerusalem

Date Jan 31 1909

Undertaker Josiah Leyton

Address 1607 N North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C19192 Registered No. B C19192

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 603 W. Lanvale St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Magruder Fisher

{Residence, if in Baltimore, Give Street and Number.} 603 W. Lanvale St

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: Oct 28 1885

AGE: 24 years, 3 months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Isaac Fisher

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Loyd

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fisher

(Address) 603 W. Lanvale St.

Filed 1/30 1909 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from Jan 13 1909 to Jan 28 1909 that I last saw h~~im~~ alive on Jan 28 1909, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Lobar)

(DURATION) 6 DAYS

Contributory (Primary.) Peritonitis

(DURATION) 13 DAYS

(Signed) E. Olivia Murray M.D.

Address 1321 W. Fayette St

Date Jan 29 1909

Place of Burial Mt Auburn Cemetery

Date January 31 1909

Undertaker Isaac Brown

Address 565 Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

READ THE LAW PRINTED ON THE MARGIN. THIS IS A PERMANENT RECORD.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. C 19193

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winter Poole

Residence, Give Street and Number, 735½ W Saratoga St

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR White

DATE OF BIRTH Sept 15 1883

AGE 25 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Baltimore Md

FULL NAME OF FATHER Wm S Poole

BIRTHPLACE OF FATHER (State or county) Frederick Md

MAIDEN NAME OF MOTHER Victoria E Harwood

BIRTHPLACE OF MOTHER (State or county) Petersburg Va

OCCUPATION OF DECEASED Actor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. A. Poole

(Address) 735 W Saratoga St

Filed 1/30 1909

HARRY O. ENDERS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 13 1909 to Jan 29 1909 that I last saw h in alive on Jan 27 1909 and that death occurred, on the date stated above, at 11-60 AM. CAUSE OF DEATH (Secondary or Immediate,)

Tuberculosis due to general peritonitis from perforated intestine

(DURATION) 1 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 20 DAYS

(Signed) Lawrence Poll M. D.

Address University Hospital

Date Jan 29 1909

Place of Burial Mt Olivet Cemetery

Date Jan 31 1909

Undertaker W Maurice Moulton

Address 2301 Druid St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***cause and date of death.***

READ THE LAW PRINTED ON BACK HEREOF.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. C 19194

167

CERTIFICATE OF DEATH.

(Place of Death.) No. James Hopkins Hospital

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hyam Levinson

Residence, Give Street and Number. 916 E. Lafayette St

Duration of Residence in Baltimore, 2 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W.

DATE OF BIRTH 1

AGE 3 years, 3 months, days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county) Russia

FULL NAME OF FATHER Abraham Levinson

BIRTHPLACE OF FATHER (State or county) Russia

MAIDEN NAME OF MOTHER Esther Levinson

BIRTHPLACE OF MOTHER (State or county) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Levinson

(Address) 1237 High st

Filed Jan 30 1909 HARRY O. ANDREWS Registrar.

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Burns of body

Coc.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredrick Cullie M. D.

Address Corner Dean

Date Jan 29 09 190

Place of Burial Hebrew Louisdale

Date Jan 31 1909

Undertaker Max Levinson

Address 1628 McElderry st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5.

Registered No. B C19195

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 318 N Gay St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza A Rice

{ Residence, if in Baltimore, Give Street and Number. } 318 N Gay St

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 14 1826

AGE 83 years, 8 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Mass

FULL NAME OF FATHER John Millis

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Clarisa Pike

BIRTHPLACE OF MOTHER (State or country) Mass

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis C Rice

(Address) 318 N Gay St

Filed Jan 30 1909

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Aug 10 1908 to Jan 29 1909

that I last saw h?r alive on Jan 29 1909,

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dilated Heart

(DURATION) — DAYS

Contributory (Primary.) afe

(DURATION) DAYS

(Signed) Dan'l Smith M.D.

Address 712 Park Ave

Date Jan 30 1909

Place of Burial London Park Cemetery

Date Jan 31st 1909

Undertaker John B Spence

Address 1325 N. Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C19196
65

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2019, Smallwood St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura V. Fitzy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year

AGE: 65 years, 7 months, 15 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Robt. Ruffin Fitz

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sallie Loving

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Nothing Re ocupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. Goldmacher

(Address) 2019 Smallwood

Filed 1/30 1909

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January (Month) 30 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1908 to Jan. 30 1909 that I last saw her alive on Jan. 30 1909, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 9 DAYS

Contributory Malanchulia & Softening of Brain 6 months (DURATION) DAYS

(Signed) Wm. Grant M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Petersburg Va — How long at Place of Death? 35 Days

Where was disease contracted, if not at place of death? Virginia

PLACE OF BURIAL OR REMOVAL: Petersburg Va — DATE OF BURIAL: Jan 31 1909

UNDERTAKER: W Maurice Routon — ADDRESS: 2309 Greene St

WM. J. C. DULANY CO., BALTIMORE

decreased, and the **cause and date of death.**

Ward 5

Registered No. B C19197

C19197

CERTIFICATE OF DEATH.

(Place of Death.) No. 246 S. Bethel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margarette A Stanley

{ Residence, if in Baltimore, Give Street and Number. } 246 S. Bethel St

Duration of Residence in Baltimore. 41 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: Jan. 10th 1848

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Denis Shaw

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ellen Frances

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant: Thomas Stanley

(Address: 246 S. Bethel St

Filed 1/31 1909

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 28 1909 that I last saw h[er] alive on Jan 28 1909, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Dropsy

(DURATION) 28 DAYS

Contributory (Primary.) Cardiac dilatation about 3 yrs (DURATION) 1 DAYS

(Signed) W. T. Harris M.D.

Address 1344 Druid Hill Ave

Date Jan 29 1909

Place of Burial Asbury Cemetery

Date January 31st 1909

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C19198 Registered No. B C19198

CERTIFICATE OF DEATH.

(Place of Death.) No. 500 Elbon Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dennis Franklin

{Residence, if in Baltimore, Give Street and Number.} 500 Elbon Lane

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Armstrong

(Address) 500 Elbon Lane

Filed 1/31 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28 1909

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Cor.

Date Jan 29 1909

Place of Burial National Cemetery

Date Jan 30 1909

Undertaker Geo H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C19199 Registered No. B C19199

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 Welcome alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Thomas J. Channey

{Residence, if in Baltimore, Give Street and Number.} 226 Welcome alley

Duration of Residence in Baltimore. 28 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colord

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: William T Channey

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Rose Weller

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William T Channey

(Address) 226 Welcome alley

Filed 1/31 1909

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 21 1909 to Jan 28 1909

that I last saw h[illegible] alive on Jan 27 1909

and that death occurred, on the date stated above, at 7.50 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 4 DAYS

(Signed) C. F. Smith M.D.

Address 1/2 So Stricker

Date Jan 29th 1909

Place of Burial Mt Olivet Cemetery

Date Jan 31 1909

Undertaker D. & H. Hooper

Address 609 Lexington

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. C 019200

CERTIFICATE OF DEATH.

(Place of Death.) No. 669 Vine St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lottie Green

Residence, Give Street and Number, 669 Vine St.

Duration of Residence in Baltimore, 18 years,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: Colored

DATE OF BIRTH: July 3rd 1891

AGE: 18 years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Johnson

(Address) 669 Vine St.

Filed 1/31 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 29th 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 27th 1908 to Jan. 27th 1909

that I last saw her alive on Jan. 27th 1909

and that death occurred, on the date stated above, at 8 15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart Failure

(DURATION) DAYS

Contributory (Primary) Acute Bronchitis

+ Nephritis (DURATION) 30 DAYS

(Signed) Ralph J. Schirmer M. D.

Address 701 W. Fayette St.

Date Baltimore, Jan. 29th 1909

Place of Burial Mt. Auburn Cem.

Date Feb 1 1909

Undertaker Wm. H. Fowler

Address 60 & Little Pacific

Remarks

Ward 19 C19201 Registered No. B C19201

CERTIFICATE OF DEATH. 81

(Place of Death.) No. 1067 Milton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Wilhelmina Bunisch

{Residence, if in Baltimore, Give Street and Number.} 1007 Milton Place

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 18 1850

AGE: 54 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Australia

FULL NAME OF FATHER: Franz Goodwald.

BIRTHPLACE OF FATHER (State or country): Australia

MAIDEN NAME OF MOTHER: Wilhelmina Schilig.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. Smith.

(Address) 1009 Milton Place

Filed 1/31 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 28 1909 to Jan 29 1909 that I last saw her alive on Jan 29 1909, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Stroke of Paralysis.

(DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) Jno T. Shaw M.D.

Address 1019 Edmondson Ave

Date January 30 1909

Place of Burial Loudon Park Cemetery.

Date Feb 1 1909.

Undertaker Mrs A Rohde & Son

Address 930 Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C19202 C19202

Ward 6 Registered No. B 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 434 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Eurich

{ Residence, if in Baltimore, Give Street and Number. } 434 N. Rose St

Duration of Residence in Baltimore. 51 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 16th 1828

AGE 81 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Zibach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dora Loft

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Eurich

(Address) Patterson Park & Fayette St

Filed Jan 31 1909 Registrar

ECW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 26 1909 to Jan 29 1909 that I last saw her alive on Jan 29 1909, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 4 DAYS

Contributory (Primary.) old age

(DURATION) 6 DAYS

(Signed) A. Ottoson M.D.

Address 175 E. Pratt Ave

Date Jan 30 1909

Place of Burial Trinity Cemetery

Date Jan. 31st 1909

Undertaker H. Sander & Son.

Address 1310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C19203 Registered No. B C19203

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 2411 Canton Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lillian Dolores Larson

{ Residence, if in Baltimore, Give Street and Number. } E 2411 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 28th 1907

AGE: 1 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Christian Larson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Crystal Rather

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Crystal Larson

(Address) 2411 Canton Ave

Filed Jan 31 1909 Registrar

Recd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 30 1909 to Jan 31 1909

that I last saw her alive on " 30 1909

and that death occurred, on the date stated above, at 5-9 M. CAUSE OF DEATH (Secondary or Immediate.)

Membranous Croup

1 (DURATION) DAYS

Contributory (Primary) Cardiac Paralysis

(DURATION) DAYS

(Signed) Chas L Nee M.D.

Address 619 S Port Castle Ave

Date Jan. 31 1909

Place of Burial Mt Carmel Cem

Date Feb. 1st 1909

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

Registered No. C 19204

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 518 S. Ann St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Toromski

Residence, Give Street and Number, 518 S. Ann st

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX	COLOR
Male	white

DATE OF BIRTH January 16 1909

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Baltimore

FULL NAME OF FATHER Frank Toromski

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER Wladyslawa Lish

BIRTHPLACE OF MOTHER (State or county) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Toromski

(Address) 518 S Ann st

Filed Jan 31 1909 Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 30 1909

I HEREBY CERTIFY, That I attended deceased from January 30 1909 to January 30 1909

that I last saw him alive on January 30 1909

and that death occurred, on the date stated above, at 6.30 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Sanition (DURATION) 10 DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) S. J. Szymanski M. D.

Address 1713 Bank St

Date January 31 1909

Place of Burial St. Stanislaus

Date Sunday Jany 31 1909

Undertaker M. F. Sudowski

Address 703 S. Ann St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

Registered No. C C19205

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 N Woodyear St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jannie Breuninger

Residence, Give Street and Number, 213 S Woodyear

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Hungaria

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or county) Hungaria

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or county) Hungaria

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 N Fountain

Filed Jan 31 1909 Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate,)

Cerebral Haemorrhage

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Hubert C Blake M. D.

Address 1014 N La Fayette

Date Jan 30 Coroner 190 .....

Place of Burial London Park

Date Feb 1st 1909

Undertaker John J Fields

Address 1200 N. Fountain ave

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 19206

CERTIFICATE OF DEATH.

142

(Place of Death.) No. 1418 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Rebhan

Residence, Give Street and Number, 1418 Bank St.

Duration of Residence in Baltimore, 56 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M.

COLOR: W.

DATE OF BIRTH: 1

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county): Germany

FULL NAME OF FATHER: George Rebhan

BIRTHPLACE OF FATHER (State or couuty): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Rebhan

(Address) 1418 Bank St.

Filed Jan 31 1909 HCW

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan. 29 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 23 - 1909 to Jan. 28 1909 that I last saw him alive on Jan. 28 1909 and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus, Exhaustion

(DURATION) 10 DAYS

Contributory (Primary) Cancerum Oris

(DURATION) 40 DAYS

(Signed) Pierre G. Dausch M. D.

Address 121 Jackson Square

Date Jan. 30 - 1909

Place of Burial Holy Redeemer Cem

Date Feb. 1st 1909

Undertaker Wendell Tippett Son

Address 37 S. Arch St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward [redacted] Registered No. B [redacted]

CERTIFICATE OF DEATH.

79

(Place of Death.) No. US Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Mears C 1207

{ Residence, if in Baltimore, Give Street and Number. } X

Duration of Residence in Baltimore. X

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: X	1
AGE: 54 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Virginia	
FULL NAME OF FATHER: X	
BIRTHPLACE OF FATHER (State or country): X	
MAIDEN NAME OF MOTHER: X	
BIRTHPLACE OF MOTHER (State or country): X	
OCCUPATION OF DECEASED: Sailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Mears

(Address) Va

Filed Jan 30 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31, 1909

I HEREBY CERTIFY, That I attended deceased from Oct 29 1908 to January 31 1909 that I last saw h[illegible] alive on Jan 31 1909, and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of lungs. (Valvular Disease of Heart)

(DURATION) DAYS

Contributory (Primary) Valvular disease of heart, aortic & mitral (DURATION) DAYS

(Signed) W P McIntosh M.D.

Address US Marine Hospital

Date January 31 1909

Place of Burial Va Boys Wk

Date Jan 31 1909

Undertaker Wm Cook

Address 602 E North.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B CR5208

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Poston

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) X Campbell

(Address) Sparrow Pt.

Filed Jan 31 1909 HARRY O. ANDR[illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30" 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25" 1909 to Jan 30" 1909 that I last saw h-r alive on Jan 30 1909, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address Johns Hopkins Hospital

Date Jan 31 1909

Place of Burial Sparrow Pt Balto Co Md

Date Jan 31 1909

Undertaker Armstrong Demmert Co

Address 715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. C 19209

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1823 Falls Road St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A Cooper

Residence, Give Street and Number, 1823 Falls Road

Duration of Residence in Baltimore, abt 8yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 28 1885

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Mt. Washington Md.

FULL NAME OF FATHER: John Cooper.

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Shirt Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Cooper

(Address) 1823 Falls Road

Filed Jan 31 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: Jany 28 1909

I HEREBY CERTIFY, That I attended deceased from abt June 1908 to Jany 28 1909

that I last saw her alive on Jany 26 1909.

and that death occurred, on the date stated above, at 11.45 P.M.

The M. CAUSE OF DEATH (Secondary or Immediate,)

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary) Tuberculosis Pulmonum

(DURATION) months DAYS

(Signed) W Guy Townsend M. D.

Address 2017 N. Charles St

Date Jany 30 1909.

Place of Burial St Marys Govan

Date Interred Feb 1st 1909

Undertaker E. O. Friedfeld Jr.

Address 2113 Greenmount Ave

Remarks

Ward 24 Registered No. B C1293

CERTIFICATE OF DEATH.

(Place of Death.) No. 1361 Andre St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Torowski

{Residence, if in Baltimore, Give Street and Number.} 1361 Andre St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	20 Jan 1909
AGE	..... years, 3 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Constant Torowski
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Bertha Dee
BIRTHPLACE OF MOTHER (State or country)	Gymany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) K Torowski

(Address) 1361 Andre St

Filed Jan 31 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 20 Jan 1909

I HEREBY CERTIFY, That I attended deceased from 2 Jan 1909 to 30 Jan 1909 that I last saw him alive on 20 Jan 1909 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) James Logan M.D.

Address 1322 Hanover St

Date 30 Jan 1909

Place of Burial Holy Rosary

Date Feb 1 1909

Undertaker Jacob Tralkowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V 1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

81

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 19211

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 333, Scott St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Kugler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: — (Month) — (Day) 1840 (Year)

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: — Andrews

BIRTHPLACE OF FATHER (State or country): Md -

MAIDEN NAME OF MOTHER: — Brooks

BIRTHPLACE OF MOTHER (State or country): Md -

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Edmondson

(Address) 818 Edmondson Ave

Filed 2/1 1909

HARRY C. ANDRAE, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 31st (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1909 to Jan 31st 1909 that I last saw her alive on Jan 30th 1909, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Cerebral apoplexy, with Hemiplegia

(DURATION) 9 DAYS

Contributory Arteriosclerosis

(DURATION) — DAYS

(Signed) Eugene Douglas M.D.

Jan 31 1909 (Address) 830 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Feb 2 1909

UNDERTAKER: Wm Cook — ADDRESS: 502 E. North Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15

C19212

Registered No. B

166

CERTIFICATE OF DEATH.

Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Baumeister

{Residence, if in Baltimore, Give Street and Number.} 108 S. Bethel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ....., 1.....

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md. —

FULL NAME OF FATHER: Wm H. Baumeister

BIRTHPLACE OF FATHER (State or country): Balto Md. —

MAIDEN NAME OF MOTHER: Annie Gebhardt.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Baumeister

(Address) 108 S Bethel.

Filed 2/1 1909 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 30, 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) (Accidental fall) (DURATION) ..... DAYS

(Signed) Ronald T. Stevenson M.D.

Address Coroner

Date January 30. 1909

Place of Burial Holy Redeemer

Date Sun Feb 7, 09 190

Undertaker Wm Cook

Address 922 E. Fayette.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11th

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 10213

CERTIFICATE OF DEATH.

63

(Place of Death.) No. 301 W. Monument St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Number Gilbert

Residence, Give Street and Number, 301 W. Monument St. Poppymans Harford Co. Maryland

Duration of Residence in Baltimore, 3 weeks.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: August 4th 1902

AGE: 6 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Harford Co. Md.

FULL NAME OF FATHER: J. Ira Oscar Gilbert

BIRTHPLACE OF FATHER (State or county): Harford Co. Md.

MAIDEN NAME OF MOTHER: Aarnson

BIRTHPLACE OF MOTHER (State or county): Harford Co. Md.

OCCUPATION OF DECEASED: Minor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Dulle

(Address) 300 Madison St

Filed 2/11 1909

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 31 1909

I HEREBY CERTIFY, That I attended deceased from Jany 30. 1909 to Jany 31. 1909 that I last saw him alive on Jany 31 1909 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Heart failure superinduced by a Terrible Influenza

(DURATION) 1 DAYS

Contributory (Primary) Infantile Paralysis with marked physical depression, anaemia &c. (DURATION) dying DAYS

(Signed) W. E. Hockley M. D.

Address 301 W. Monument St.

Date January 31 1909

Place of Burial Fairmount Harford Co.

Date Feb'y 1st 1909

Undertaker Henry H. Perkins & Son Co

Address 300 Madison St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 15 C19214 Registered No. B

CERTIFICATE OF DEATH.

C19214

41

(Place of Death.) No. 2733 W. North ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary V. Langley

{Residence, if in Baltimore, Give Street and Number.} 2733 W. North ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 12th 1858

AGE: 50 years, 6 months, 18 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Louis F Langley

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Agnes R. Bone

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Retired Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J D Ernsberger Sister

(Address) 2738 W North ave

Filed 2/11 1909

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 30th 1909

I HEREBY CERTIFY, That I attended deceased from Nov 23rd 1908 to Jan 30th 1909 that I last saw her alive on Jan 29th 1909, and that death occurred, on the date stated above, at 7.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cancer of Pelvis and Bowels (DURATION) DAYS

(Signed) J. H. Z. Mc M.D.

Address 3050 10 North ave

Date Jan. 30th 1909

Place of Burial London Park Cemetery

Date February 2nd 1909

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. C 192159

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amanda Yearwood

Residence, Give Street and Number, 1217 Baston St

Duration of Residence in Baltimore, 10 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX F

COLOR White

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~.

BIRTHPLACE (State or county) South America

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred K Carruthers

(Address) 2

Filed 2/1 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Suicide by Hyd. Chlor. Corr.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fred K Carruthers M. D.

Address Coroners

Date Jan 31 09 190

Place of Burial Druid Ridge Cemetery

Date Feb 2nd 1909

Undertaker E M Mitchell

Address 1201 N Fayette st

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 20 C1.5216 Registered No. B C1.5216

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 S Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Hafner

{Residence, if in Baltimore, Give Street and Number.} 1011 S Hanover St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 28 Feb 1828

AGE: 81 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): u

MAIDEN NAME OF MOTHER: u

BIRTHPLACE OF MOTHER (State or country): u

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Mary

(Address) 1011 S Hanover St

Filed 2/1 1909

HARRY O. ANDREW Registrar

PERMIT CLERK

2 x 8

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 1909

I HEREBY CERTIFY, That I attended deceased from Jan 4 1909 to Jan 30 1909 that I last saw h alive on Jan 29 1909, and that death occurred, on the date stated above, at 9:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary) Nephritis, (DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover

Date Jan 31 - 09

Place of Burial Loudon Park

Date Feb 1 1909

Undertaker Josiah Spear

Address 609 W North Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City ...

Ward 10

Registered No. C 19217

CERTIFICATE OF DEATH.

120

(Place of Death.) No. City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roger De Frey.

Residence, Give Street and Number, 512 N. Carey St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 26 1861

AGE: 47 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Balto Md

FULL NAME OF FATHER: Jacob Frey.

BIRTHPLACE OF FATHER (State or county): Balto Md

MAIDEN NAME OF MOTHER: Eliza J Armstrong

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: Bank Cashier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Frey Jr

(Address) 512 N Carey St

Filed 2/1 1909

HARRY C. ANDREWS, PERMIT CLERK., Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 30, 1909

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy

... (DURATION) ... DAYS

Contributory (Primary) Interstitial

Nephritis (DURATION) ... DAYS

(Signed) Horace Y. Abercrombie M. D.

Address Coroner

Date January 30, 1909

Place of Burial Green Hill Mount

Date Jan. Feb. 1, 1909

Undertaker E Madison Mitchell

Address 1201 W Fayette St

Remarks ...

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. C 19218

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1020 Granby St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Croghan

Residence, Give Street and Number, 1020 Granby St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: Feby 9" 1876

AGE: 32 years, 11 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWER OR DIVORCED~~: Married

BIRTHPLACE (State or county): Md Balto.

FULL NAME OF FATHER: Michael J. Croghan

BIRTHPLACE OF FATHER (State or county): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Moran

BIRTHPLACE OF MOTHER (State or county): Ireland

OCCUPATION OF DECEASED: Letter-Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Croghan

(Address) 1020 Granby St.

Filed Feb 1 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 30th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25 1909 to Jan 30 1909

that I last saw h~ alive on Jan 29 1909

and that death occurred, on the date stated above, at 2

A. M. CAUSE OF DEATH (Secondary or Immediate,)

acute Pneumonia

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Wakeham M. D.

Address 618 Granby

Date Jan 31 1909

Place of Burial Baltimore Cemetery

Date FEB 2 - 1909 1909

Undertaker Chas F. Evans

Address 118-120 W. Mt. Royal Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7K

Registered No. B C19219

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1301 Hull St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William F Burns

{ Residence, if in Baltimore, Give Street and Number. } Pleasant Hill Balto Co Md

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 17 1859

AGE 49 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Dorchester Co Md

FULL NAME OF FATHER William Burns

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Butter & Egg Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Karl F Burns Son

(Address) Balto Co Md

Filed Feb 1 1909 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.

Cardiac Failure

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Geo Wm Guibardi M.D

Address Coroner

Date January 30 1909

Place of Burial London Park

Date Feb 1 st 1909

Undertaker E Hale

Address 115 E Mead St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C19220 Registered No. B C19220

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Nicholl

{ Residence, if in Baltimore, Give Street and Number. } 1302 Madison Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Scott

(Address) 2031 Ormsby Hill Ave

Filed 2/1 1909 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31" 1909

I HEREBY CERTIFY, That I attended deceased from Jan 11" 1909 to Jan 30" 1909

that I last saw him alive on Jan 30" 1909,

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculous Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Hanes M.D.

Address Johns Hopkins Hospital

Date Jan 31" 1909

Place of Burial Mt Auburn

Date Feb 1 21- 1909

Undertaker Albert Hornsby

Address 578 N Bucknell St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C19221 Registered No. B C19221

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1122 Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Dutton

{ Residence, if in Baltimore, Give Street and Number. } 1122 Carrollton ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Dutton

(Address) 1122 Carrollton Ave

Filed 2/11 1909 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 29 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Jan 29 1909 that I last saw h alive on Jan 29 1909, and that death occurred, on the date stated above, at 11 05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure due to old age

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) T. S. Hawkins M.D.

Address 1202 N. Hilldale

Date Jan 31 1909

Place of Burial National Cemt

Date Feb 1st 1909

Undertaker Alex Hemsley

Address 57 & W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 St

Registered No. B C19222

CERTIFICATE OF DEATH.

1.8

(Place of Death.) No. 2314 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia S Klitzgerber

{Residence, if in Baltimore, Give Street and Number.} 2314 Canton Ave

Duration of Residence in Baltimore 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH J 1

AGE 69 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Klitzgerber

(Address) 2314 Canton Ave

Filed Feb 1 1909

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 30 1909

I HEREBY CERTIFY, That I attended deceased from Jan 29 1909 to Jan 29 1909 that I last saw h.. alive on Jan 29 1909, and that death occurred, on the date stated above, at 8:30 a M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis DURATION 3 DAYS

Contributory (Primary) DURATION DAYS

(Signed) C L Long M.D.

Address 2729 Lancaster St.

Date Jany 30 1909

Place of Burial 1st German Ceme

Date Feb 1 st 1909

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B C19223 63

CERTIFICATE OF DEATH.

(Place of Death.) No. 1044 N Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Elliott Kemp

{Residence, if in Baltimore, Give Street and Number.} 1044 N. Mount st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH June 27 1887

AGE 21 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Harry Kemp

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hattie Elliott

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ~~Housekeeper~~ None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Kemp

(Address) 1044 N. Mount St.

Filed Feb 1 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31" 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 24 1909 to Jan. 31" 1909 that I last saw h alive on Jan. 30" 1909, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Myelitis

(DURATION) 7 DAYS

Contributory (Primary.) Spinal trouble

Life (DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date Feb. 1st 1909

Place of Burial London Park Cem

Date Jan Feb 2 1909

Undertaker Chas. E. Franck

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B C19224

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1409 W. Lafayette Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name, Annie Helen Foster

{Residence, if in Baltimore, Give Street and Number.} 1409 W. Lafayette Ave —

Duration of Residence in Baltimore. 10 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: July 4th 1879

AGE: 29 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M —

BIRTHPLACE (State or country): Gatlinsburg Md.

FULL NAME OF FATHER: James E. English

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Sallie Thompson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. E. Foster

(Address) 1409 W. Lafayette Ave

Filed Feb 1 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30th 1909.

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1908 to Jan. 30th 1909 that I last saw h.. alive on Jan. 30th 1909, and that death occurred, on the date stated above, at 12.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure and inability of L. & R. lungs and functional tuberculosis of Sputum.

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2½ ~~DAYS~~ years.

(Signed) J. Whitridge Hays M.D.

Address 701 N. Eutaw St.

Date Jan 30th 1909.

Place of Burial Green Mount

Date Feby 2 1909

Undertaker W. Turner & Son.

Address Courtland

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C1925 Registered No. B C1925

CERTIFICATE OF DEATH.

(Place of Death.) No. 520 Cross Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Jas M Johnson

{Residence, if in Baltimore, Give Street and Number.} 520 Cross Alley

Duration of Residence in Baltimore. 40 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH .....1.....

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Indiana

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 520 Cross Alley

Filed 2/1 1909 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1909

I HEREBY CERTIFY, That I attended deceased from Jan 30 1909 to Jan 31 1909

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) P Wm Conner M.D.

Address .....

Date Feb 1 1909

Place of Burial Mt. Auburn Cemetery

Date Feb. 2, 1909

Undertaker Felix B. Pyle.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. C19226

C19226

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 739 Pierce Street - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Horace Foster

{ Residence, if in Baltimore, Give Street and Number. } 739 Pierce St.

Duration of Residence in Baltimore. 2 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: January 28th, 1907

AGE: 2 years, 0 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: S -

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Henry Foster

BIRTHPLACE OF FATHER (State or country): Virginia -

MAIDEN NAME OF MOTHER: Theresa Dorsey

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Foster,

(Address) 739 Pierce St.

Filed 2/ 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30th 1909

I HEREBY CERTIFY, That I attended deceased from January 27 1908 to January 30th 1909 that I last saw him alive on January 30th 1909, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate.)

(DURATION) DAYS

Contributory (Primary.) Broncho-

pneumonia (DURATION) 7 DAYS

(Signed) Bertha E. Jaspman M.D.

Address 2725 York Road

Date January 30th, 1909

Place of Burial Cathedral Cemetery

Date February 1 1909

Undertaker Felix B. Pye

Address 102 Eldorado St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 1907-7

CERTIFICATE OF DEATH.

(Place of Death.) No. 1020 McCollor St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Joseph D. Addington

Residence, Give Street and Number, 1020 McCollor St

Duration of Residence in Baltimore, 20 yrs

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH Sept 14th 1850

AGE 55 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Virginia

FULL NAME OF FATHER Jos D Addington

BIRTHPLACE OF FATHER (State or county) Virginia

MAIDEN NAME OF MOTHER Virginia Addington

BIRTHPLACE OF MOTHER (State or county) Virginia

OCCUPATION OF DECEASED Retired Bk Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary C. Addington

(Address) 1020 McCollor St.

Filed Feb 1 1909

Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 31 1909

I HEREBY CERTIFY, That I attended deceased from Nov 2 1903 to Jan 31 1909

that I last saw him alive on Jan 30 1909

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate,

Nov. 2. 1903 had attack of apoplexy

Uncertain (DURATION) — DAYS

Contributory (Primary) paralysis general —

5yrs 3 mos. (DURATION) — DAYS

(Signed) John D. King M. D.

Address 1425 Eutaw Pl

Date Feb 1 1909

Place of Burial Loudon Park

Date Feb 2nd 1909

Undertaker J. F. Mahon

Address 722 W. Lexington St

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12

Registered No. B C19228

4

CERTIFICATE OF DEATH.

Place of Death.) No. Baltimore City Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Berria
Paul Franz Bichel

{ Residence, if in Baltimore, Give Street and Number. } ~~Broadway~~ City Hospital

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	April 18. 1880
AGE	28 years, 7 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Abrams Saxe Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	~~Norway~~ Germany
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	Not Known ~~Norway~~
OCCUPATION OF DECEASED	~~Sculptor~~ Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Norwegian Vice Consul

(Address) Chamber of Commerce

Filed Feb 1 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30 1909.

I HEREBY CERTIFY, That I attended deceased from Jan. 27 1909 to Jan. 30 1909 that I last saw him alive on Jan. 30 1909. and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea.

(DURATION) DAYS

Contributory (Primary.) Pernicious Malaria. (DURATION) DAYS

(Signed) Wm Schmitz M.D.

Address City Hospital

Date Jan. 30 1909.

Place of Burial Mt Carmel

Date Feb 1 1909

Undertaker Robt F Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Permission is granted to ... JAMES BOARD COMMISSIONER

CLASSIFICATION OF DISEASES.

I. GENERAL DISEASES.
(A.) *Epidemic diseases.*

74. Other diseases of nervous system
75. Diseases of the eye and its adnexa
76. Diseases of the ear

VII. CHILDBIRTH.
134. Accidents of pregnancy

" That on January 27th. 1909, there was admitted to said Hos-
pital for medical treatment, a member of the crew of the Norwegian
Steamship "RAN", who was reported at the time as :- Paul Bezia, of
Norway, sailor ; that said patient died at said hospital on January
30th. 1909, and his death was duly reported to the Department of
Health of Baltimore ; that deponent now believes, that certain
matters were erroneously stated in said report and that upon trust-
worthy information received as to the identity of the deceased,
said report should be corrected in the following particulars :-

1. Name of deceased :- Paul Franz Büchel ;
2. Age of deceased :- born April 18, 1880 ;
3. Occupation of deceased :- Fireman ;
4. Birthplace of deceased :- Arnshaugk, Germany ;
5. Birthplace of father :- Unknown ;

all other facts stated in said report being correct as therein stated, to the best of deponent's knowledge and belief.

In witness, the said deponent has hereto subscribed his name :-

Wm J Schmitz M.D

and I, the Notary, have hereto subscribed my name and affixed my notarial seal on the day above written.

Fred. F. Edwards
Notary Public.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

Registered No. C 015229

CERTIFICATE OF DEATH.

(Place of Death.) No. 2626 Woodbrook ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Irene Klein

Residence, Give Street and Number, 2626

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 1st 1886

AGE: 22 years, 2 months, 30 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or county): Cecil

FULL NAME OF FATHER: Abram Gilbert Snyder

BIRTHPLACE OF FATHER (State or county): Pa

MAIDEN NAME OF MOTHER: Rachel Beidelman

BIRTHPLACE OF MOTHER (State or county): Pa

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Klein

(Address) 2626 Woodbrook

Filed Feb 1 1909

Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 31 1909

I HEREBY CERTIFY, That I attended deceased from Nov 1907 to Jan 31 1909

that I last saw her alive on Jan 31st 1909

and that death occurred, on the date stated above, at 5.30 M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmon Tuberculosis

4 mon (DURATION) DAYS

Contributory (Primary) — (DURATION) DAYS

(Signed) D Knullen Smith M. D.

Address 594 Preston

Date Feb 1 1909

Place of Burial Baltimore Cemetery

Date Feb 3rd 1909

Undertaker Geo Weber

Address 115 S. N. Carey 26

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

22

Smith
Balto
Ward
2

Ward 14-1 HEALTH DEPARTMENT, City of Baltimore. Registered No. C C19230

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Wilde

Residence, Give Street and Number, Sugeman, Delaware

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~

BIRTHPLACE (State or county): Delaware

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or county): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or county): —

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harvey W Farin

(Address) Smyrna Del

Filed Feb 1 1909 WCW Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 31 — 1909

I HEREBY CERTIFY, That I attended deceased from Jan. 11 1909 to Jan. 31 1909

that I last saw h ine alive on Jan. 31 1909

and that death occurred, on the date stated above, at 9.06 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Acute dilatation of the heart.

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia

(DURATION) 3 DAYS

(Signed) Harry L. Homer, M. D.

Address Union Protestant Infirmary

Date January 31 — 1909

Place of Burial Smyrna Del

Date Feb 3 1909

Undertaker John J Allen

Address 701 7th Ave Wilm Del

Remarks Erected on Inguinal hernia Jan 13/09 - Developed Pneumonia Jan 28/09 Recovered - Developed pneumonia Jan 28/09

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward.....

Registered No. C 19231 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Clark

Residence, Give Street and Number,.....

Duration of Residence in Baltimore,.....

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W

DATE OF BIRTH: July 18 1862

AGE: 46 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: S

BIRTHPLACE (State or county): Md.

FULL NAME OF FATHER: James Clark

BIRTHPLACE OF FATHER (State or county): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Humphrey

BIRTHPLACE OF MOTHER (State or county): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant).....

(Address).....

Filed Feb 1 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 30 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23 1909 to Jan 30 1909 that I last saw h.. alive on Jan 30 1909 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

.....(DURATION).....DAYS

Contributory (Primary) Lobar Pneumonia (DURATION).....DAYS

(Signed) H. R. Peters M. D.

Address Bayview Hospital

Date Jan 30 1909

Place of Burial Greenmount

Date Feb 1 1909

Undertaker Chas. E. Hall & Co

Address 115 E. Lexington

Remarks.....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Registered No. C

CERTIFICATE OF DEATH.

(Place of Death.) No. Bayview Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 27

Full Name Edward Bee

Residence, Give Street and Number, 113 Stirch St

Duration of Residence in Baltimore, Life Time C 19232

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR B

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Married

BIRTHPLACE (State or county) Va,

FULL NAME OF FATHER Astine Bee

BIRTHPLACE OF FATHER (State or county) Va

MAIDEN NAME OF MOTHER Sarah Bee

BIRTHPLACE OF MOTHER (State or county) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Feb 1 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 27 1909

I HEREBY CERTIFY, That I attended deceased from Dec 27 1908 to Jan 27 1909

that I last saw h~~im~~ alive on Jan 29 1909

and that death occurred, on the date stated above, at 7^45

M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion due to

(DURATION) ... DAYS

Contributory (Primary) Pulmonary

Phthisis (DURATION) ... DAYS

(Signed) H H Baker M. D.

Address Bayview Hospital

Date Jan 30 1909

Place of Burial Laurel

Date February 1 1909

Undertaker Robert A Elliott

Address 502 Rogers Ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 917 Boyd St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rachel Devortary

{Residence, if in Baltimore, Give Street and Number.} 917 Boyd St

Duration of Residence in Baltimore. 30 yrs

C 19233

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar

BIRTHPLACE (State or country) Canada

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Columbus Sanders

(Address) 917 Boyd St

Filed Feb 1 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 29 1909

I HEREBY CERTIFY, That I attended deceased from Jan 10 1909 to Jan 29 1909

that I last saw h.. alive on Jan 27 1909, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Duration Days

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) L. L. Norwood M.D.

Address 839 W Fayette

Date Jan 29 1909

Place of Burial Mt Auburn

Date February 1 1909

Undertaker R A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B 019234

City of Baltimore, (No. 1828 Walbrook ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eliza Jane Barton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wht

DATE OF BIRTH: Feb. (Month) 20 (Day) 1853 (Year)

AGE: 55 years, 11 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Newark Del.

FULL NAME OF FATHER: Alexander Wilson

BIRTHPLACE OF FATHER (State or country): Newark Del.

MAIDEN NAME OF MOTHER: Sarah Jane Clendennin

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M A Barton

(Address) 1828 Walbrook Ave.

Filed Feb 1 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 29 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1909 to Jan 29 1909

that I last saw her alive on Jan 29 1909,

and that death occurred, on the date stated above, at 6 45 M. The CAUSE OF DEATH was as follows:

Uremic Convulsions

(DURATION) DAYS

Contributory Uremia

(DURATION) DAYS

(Signed) J. B Jones M.D.

Jan 29 1909 (Address) 1800 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery Newark Del

DATE OF BURIAL: Feb 2 1909

UNDERTAKER: Geo. J. Smith & Co

ADDRESS: 1000 W. Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B C19235

151

CERTIFICATE OF DEATH.

Place of Death.) No. 619 Eden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel E Johnson

{ Residence, if in Baltimore, Give Street and Number. } 619 Eden Ave. C19235

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jno. F Johnson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lillian Bonsel

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Feb 1 1909 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1909

I HEREBY CERTIFY, That I attended deceased from Jan 29 1909 to Jan 31 1909

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) D Martin M.D.

Address Conway

Date Jan 31 1909

Place of Burial COLLEGE OF P. & S.

Date FEB 1 1909

Undertaker Commissioner Health, Per. Wm. E. WOODALL.

Address .....

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPO

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B C 19236 9V

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 Brune St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Melvin M. Sloanaker

{Residence, if in Baltimore, Give Street and Number.} 602 Brune St.

Duration of Residence in Baltimore. 4 months, 2 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 29 1908

AGE: — years, 4 months, 2 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Harry M. Sloanaker

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Blanche A. Callow

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry M. S Conaker

(Address) 602 Brune St

Filed Dec. 1, 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31. 1909

I HEREBY CERTIFY, That I attended deceased from Jan 22 1909 to Jan 31 1909 that I last saw h[illegible] alive on Jan 31 1909, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis.

(DURATION) DAYS

Contributory (Primary.) Cardiac Exhaustion

(DURATION) DAYS

(Signed) Geo W Emmerter, M.D.

Address 800 Harlem Ave

Date Jan. 31 1909

Place of Burial St Marys

Date Feb 2 1909

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. Notice to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C19237

165

CERTIFICATE OF DEATH.

(Place of Death.) No. 1609 Lancaster St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladyslaus Grochowski C19237

{ Residence, if in Baltimore, Give Street and Number. } 1609 Lancaster St.

Duration of Residence in Baltimore. all time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Kostanty Grochowski.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Benda Ostrastow.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kostanty Grochowski.

(Address) 1609 Lancaster St.

Filed Feb 1 1909

G.C.W. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 February 1909

I HEREBY CERTIFY, That I attended deceased from 31 January 1909 to ——— 190

that I last saw him alive on 31 January 1909

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) H. Trost Abramentz, M.D.

Address 578 S. Broadway

Date 1 February 1909

Place of Burial Holy Rosary.

Date Tuesday Feby 2d 1909

Undertaker M F Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BLACK LINES.

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C 019238

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James J Harris's

Residence, Give Street and Number, St Vincents Infant asylum.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH ..... 1 .....

AGE ..... years, / months, 1/ days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St. Vincents Infant Asy

(Address) .....

Filed Feb 1 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 30 1909.

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 30 1909

that I last saw h alive on 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Contributory (Primary) Exhaustion

(DURATION) DAYS

(DURATION) DAYS

(Signed) P. F. Manley M. D.

Address .....

Date Jan 31 1909

Place of Burial Woodlawn Cemetery

Date Feb 1 09

Undertaker New Cathedral

Address .....

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C 19239

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward E Hirt

Residence, Give Street and Number, St Vincents Infant Asylum.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M | COLOR W

DATE OF BIRTH 1908

AGE years, months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincents Inf Asy

(Address)

Filed Feb 1. 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 31 st. 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1st. 1909 to Jan 31st 1909

that I last saw h alive on 1909

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. F. Martin M. D.

Address

Date Jan 31 1909

Place of Burial River Cathedral

Date Feb 1 1909

Undertaker Martin Fahey & Son

Address 600 Cathedral

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. C C19240 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Francis Island Asylum. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Schroder

Residence, Give Street and Number, St. Francis Island Asylum.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W.

DATE OF BIRTH 1

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED OR DIVORCED. —

BIRTHPLACE (State or county) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or county) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) St Vincent's Inf Asy

(Address) .....

Filed Feb 1 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 30 1909

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Jan 30 1909

that I last saw h... alive on 190

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) E. F. Martin M. D.

Address .....

Date Jan 31 1909

Place of Burial New Cathedral

Date Feb 1 1909

Undertaker Martin Fahey Bros

Address 606 Lafayette Ave

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Ward 14

HEALTH DEPARTMENT, City of Baltimore.

Registered No. C C19241

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Statcher

Residence, Give Street and Number, St Vincents Infant Asylum.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX. Female

COLOR W

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Vincent Infant Asylum

(Address)

Filed Feb 1, 1902

Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 31st. 1902.

I HEREBY CERTIFY, That I attended deceased from Jan 30th 1902 to Jan 31st 1902, that I last saw her alive on Jan 31st 1902 and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate,)

Marasmus

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. F. Martin M. D.

Address

Date Jan 31st 1902

Place of Burial Mt Lachstral

Date Feb. 1 1902

Undertaker Martin Foley & Sons

Address 606 Lafayette Ave

Be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 Registered No. B

CERTIFICATE OF DEATH. 64

(Place of Death.) No. Elk. Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Bradman

{Residence, if in Baltimore, Give Street and Number.} 2516 Madison ave C 19242

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Louis Edmen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Dis Les

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Furniture Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralph Bradman

(Address) 2516 Madison ave

Filed Feb 1 1905 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1905

I HEREBY CERTIFY, That I attended deceased from Jan 1 1905 to Jan 31 1905

that I last saw h alive on 1905

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

Coma

(DURATION) 2 days

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Cor Mad & Eager

Date Jan 31 1905

Place of Burial Balt Hebrew Cem

Date Feby 2nd 1905

Undertaker David Boudheim

Address 923 N Eden Ave

Removed to 2516 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

Registered No. C 019243

CERTIFICATE OF DEATH.

(Place of Death.) No. 1044 N. Central Ave. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles Joseph Unkelbach

Residence, Give Street and Number, 1044 N Central ave

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: White

DATE OF BIRTH: March 21st 1886

AGE: 22 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single.

BIRTHPLACE (State or county): City

FULL NAME OF FATHER: Peter Unkelbach

BIRTHPLACE OF FATHER (State or county): Germany

MAIDEN NAME OF MOTHER: Dora Ulrich

BIRTHPLACE OF MOTHER (State or county): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Peter Unkelbach

(Address) 1044 N. Central Ave

Filed Feb. 1 1909

Registrar.

Remarks

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 31st 1909

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1908 to January 31st 1909

that I last saw him alive on January 31st 1909

and that death occurred, on the date stated above, at 3.45 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Pulmonary Tuberculosis 4 months

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. A. Stoner M. D.

Address 1801 Eager St.

Date January 31st 1909

Place of Burial Holy Redeemer Cemetery

Date February 3rd 1909

Undertaker Henry Hoerle & Son

Address 1301 E. Eager St.

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Registered No. B C19244

CERTIFICATE OF DEATH.

(Place of Death.) No. 921 Williams St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 97

Full Name Hattie A Gladding C19244

{Residence, if in Baltimore, Give Street and Number.} 921 Williams St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Oct 27 1833.

AGE 75 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Accomack Co Va

FULL NAME OF FATHER Zedrick Bailey

BIRTHPLACE OF FATHER (State or country) Accomack Va

MAIDEN NAME OF MOTHER Elizabeth Lucas

BIRTHPLACE OF MOTHER (State or country) Accomack Va

OCCUPATION OF DECEASED housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Douglas L Tappins

(Address) 921 Williams St

Filed Feb 1 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31 1909

I HEREBY CERTIFY, That I attended deceased from Jan 16 1909 to Jan 31st 1909 that I last saw her alive on Jan 30 1909, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 2 DAYS

Contributory (Primary) General debility &

Bronchial Pneumonia (DURATION) 5 DAYS

(Signed) E L Burkhi M.D.

Address 226 E Eager St

Date January 1st 1909

Place of Burial Hollywood Accomac Co. Va

Date FEB 2 - 1909 1909

Undertaker Armstrong Denny Co., 715 Light Street

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

56
C 19245

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1629 W. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Reynolds Harbaugh

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	April (Month) 1 (Day) 1876 (Year)
AGE	32 years, 9 months, 30 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Fred. W. Harbaugh
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Catherine E. Hayes
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Harbaugh

(Address) 1629 W. Fayette St

Filed Feb 1 1909

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 30 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from June 24 1909 to June 30 1909 that I last saw h im alive on June 30 1909, and that death occurred, on the date stated above, at 10.15 P. M. The CAUSE OF DEATH was as follows:

Pneumonia, with severe grade of toxemia. Marked Cerebral symptoms.

(DURATION) 3 DAYS

Contributory Heart failure, exhaustion Arteriosclerosis (DURATION) 3 DAYS

(Signed) Lewis J. Rosenthal M. D.

June 31 1909 (Address) 1626 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Feb 2 1909
UNDERTAKER	ADDRESS
Jos J. Herr	1914 E. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

Registered No. C C19246

CERTIFICATE OF DEATH.

(Place of Death.) No. 2702 Boone St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Malachy Feeney

Residence, Give Street and Number, 2702 Boone

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M

COLOR W

DATE OF BIRTH Oct 28th 1

AGE 23 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED.~~ Single

BIRTHPLACE (State or county) Baltot

FULL NAME OF FATHER Malachy Feeney

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Julia Hannon

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED Meter Works Case Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Feeney

(Address) 2702 Boone St

Filed 2/2 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Feb 1 1909

I HEREBY CERTIFY, That I attended deceased from Jan 27 1909 to Jan 31 1909

that I last saw h im alive on Jan 31 1909

and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis

(DURATION) 5 DAYS

Contributory (Primary)

Cerebral Embolism (DURATION) 5 DAYS

(Signed) Francis D. McCarran M. D.

Address 416 E. North ave

Date Feb 1 1909

Place of Burial Cathedral Cemetery

Date Feb 4/909 — 1909

Undertaker Tom Cook

Address 602 E. Hartford

Remarks

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. C 01947

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 N Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Co Cole

Residence, Give Street and Number, 909 N. Chester

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH 1

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county) Balto Md

FULL NAME OF FATHER Benjamin Cole

BIRTHPLACE OF FATHER (State or county) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or county) —

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harvey Cole

(Address) 909 N Chester

Filed 2/2 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 31 1909

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 845 P. M.

CAUSE OF DEATH (Secondary or Immediate,)

Phthisis Pulmonalis

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Joseph Carlton M. D.

Address Corner N Chester

Date Feb 1 — 09 1909

Place of Burial Mt Carmel

Date Wed Feb 3 1909

Undertaker Wm Cook

Address 502 E Baltimore

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B C19248

C19248

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clifton Hamilton

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 3 1908

AGE: ..... years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Maggie Hamilton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victor Bridden

(Address) Nursery & Childs Hosp.

Filed 2/2 1909

HARRY O. ANDREES
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 30 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1908 to Jan 31 1909

that I last saw h— alive on Jan 31 1909,

and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) Life DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G E Burton M.D.

Address 722 Eloms St

Date February 1 1909

Place of Burial Baltimore Cem.

Date Feb. 2/909 1909

Undertaker Wm. Cook.

Address 502 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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eighteen hours after death, to the Undertaker or other person superintending the burial, a certificate setting forth,
as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased,
and the **cause and date of death.**

Ward 13

Registered No. C 019249

CERTIFICATE OF DEATH.

(Place of Death.) No. 1527 Clifton Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George F. Abren

Residence, Give Street and Number, 527 Clifton Ave

Duration of Residence in Baltimore 27 years

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male COLOR White

DATE OF BIRTH March 31 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widower

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER Clarence Abren

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or county) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Geo. Abren

(Address) 527 Clifton Ave

Filed 2/2 1909

HARRY O. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jany 31 1909

I HEREBY CERTIFY, That I attended deceased from Jany 24 1909 to Jany 30 1909

that I last saw him alive on Jan 29 1909

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Apoplexy Hæmorrhage

(DURATION) DAYS

Contributory (Primary) Bright's disease

(DURATION) DAYS

(Signed) A C Pole M. D.

Address 2038 Madison Ave

Date Febry 1 1909

Place of Burial Wards Chapel Cemetery

Date Feb. 2 1909

Undertaker J. Fun Cook

Address 252 E Monument

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. C 19250 64

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Tuckey

Residence, Give Street and Number, —

Duration of Residence in Baltimore, —

PERSONAL AND STATISTICAL PARTICULARS.

SEX F | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED OR DIVORCED. M

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or county)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or county)

OCCUPATION OF DECEASED Laund

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address) HARRY C. ANDREWS, PERMIT CLERK.

Filed 2/2 1909 Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 31 1909

I HEREBY CERTIFY, That I attended deceased from Jan 26 1909 to Jan 31 1909

that I last saw h alive on Jan 31 1909

and that death occurred, on the date stated above, at 4 30

M. CAUSE OF DEATH (Secondary or Immediate,)

Paralysis & Exhaustion

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. Baker M. D.

Address Bay View Hospital

Date Feb 1 1909

Place of Burial Mt. Carmel

Date Feby 2" 1909

Undertaker Chas F. Evans

Address 118 W. Mt. Royal Ave.

Remarks .....

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B C1925 1 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 623 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Werginski

{Residence, if in Baltimore, Give Street and Number.} # 623 S. Regester St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 28 1908

AGE — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Antoni Werginski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Lucia Bianas

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antoni Werginski

(Address) 623 S. Regester St

Filed Feb 2 1909 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 1st, 1909

I HEREBY CERTIFY, That I attended deceased from Jan 31 1909 to Feb. 1 1909 that I last saw h~~im~~ alive on Jan. 31 1909, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonitis Acute

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Feb. 1. 1909

Place of Burial St Stanislaus

Date Feb 2 1909

Undertaker Joseph Zborowski

Address 1703 Alice Anna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cause comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

C19252

Registered No. B

CERTIFICATE OF DEATH.

33

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Willis

{Residence, if in Baltimore, Give Street and Number.} 1007 Salisbury Ally

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Dist. of Columbia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/12 1909

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29" 1909

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1908 to Jan 29" 1909

that I last saw her alive on Jan 29" 1909

and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cervical Tuberculosis

Bronchopneumonia

Tubercular meningitis (?)

Contributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Feb 1 1909

Place of Burial JOHNS HOPKINS HOSPITAL 1909

Date FEB 1 - 1909

Undertaker Commissioner [illegible]

Address Per. Wm. E. WOODALL.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the said person superintending the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 10253

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Wantiss

{Residence, if in Baltimore, Give Street and Number.} South Bond Street between Eastern Ave & Caston Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 2/2 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31" 1909

I HEREBY CERTIFY, That I attended deceased from Jan 23 1909 to Jan 31" 1909

that I last saw h- alive on Jan 31" 1909,

and that death occurred, on the date stated above, at 1645 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sarcinoma of Larynx

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date Feb 1 1909

Place of Burial JOHNS HOPKINS HOSPITAL

Date FEB 1 - 1909 1909

Commissioner Health.

Undertaker Per. Wm. E. Woodall

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B

CERTIFICATE OF DEATH. • 9

(Place of Death.) No. 206 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elsie Aldrick c/1925-4

{Residence, if in Baltimore, Give Street and Number.} 206 W. Saratoga St.

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH July 27 1894

AGE 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) E. Balto Md

FULL NAME OF FATHER Elmer Aldrich

BIRTHPLACE OF FATHER (State or country) Bel Air Md.

MAIDEN NAME OF MOTHER Rose Eckhart

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose E. Aldrich

(Address 206 W. Saratoga St

Filed Feb 2 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1909

I HEREBY CERTIFY, That I attended deceased from Jan 30 1909 to Feb 1 1909 that I last saw her alive on Feb 1 1909, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ethanetron

(DURATION) 1 DAYS

Con tributery (Primary.) Membranous

Croup (DURATION) 7 DAYS

(Signed) John E Huck M.D.

Address 647 W Lafayette Ave

Date Feb 1 1909

Place of Burial Balto. County.

Date Feby. 2= at 3 P.m. 1909

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 5 Registered No. C [illegible]

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 165 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Jones C19255

Residence, Give Street and Number, 165 Chestnut St.

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: Colored

DATE OF BIRTH: [illegible] 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Norfolk Va

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or county):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or county):

OCCUPATION OF DECEASED: Labour

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Taylor

(Address) 165 Chestnut St

Filed 2/2 1909

HENRY C. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 31, 1909

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 5.15 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) Ronald T. Abercrombie M. D.

Coroner

Address

Date January 31, 1909.

Place of Burial Asbury C

Date Feb 2nd 1909

Undertaker Wm J. G. Jackson

Address 142 Mitchell Ave St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

31
C19256

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C19256

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

146

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Presby., Eye. Ear and Throat Hosp. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James J. Read.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 8 (Day) 1862 (Year)

AGE: 46 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel Read

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Quinn.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret M. Rea.

(Address) 305 E. Biddle St. City

Filed 2/2 1909 HARRY C. ANDREWS Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. (Month) 31 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 25 1908 to Jan. 31 1909.

that I last saw him alive on Jan. 31 1909,

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Thrombosis of Coloid Sinus

Following Mastoiditis (Chronic)

(DURATION) 5 DAYS

Contributory General Sepsis.

(DURATION) 13 DAYS

(Signed) Wm. Ellingwood Resident Physician M. D.

1909 (Address) Presby. E. E. & T. Hosp.

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence 3304 Canton Ave. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: Feb. 3rd 1909

UNDERTAKER: Wendall Lippincott & Son.

ADDRESS: Ann & Fayette

HEALTH DEPARTMENT, City of Baltimore

Ward

Registered No. C 19257

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2076 E Preston St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna L. Holloway

Residence, Give Street and Number, 2076 E Preston St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX F. COLOR W

DATE OF BIRTH Feby 21 St 1830

AGE 78 years, 6 months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Widow

BIRTHPLACE (State or county) Baltimore Md.

FULL NAME OF FATHER Reuben Rose

BIRTHPLACE OF FATHER (State or county) Maryland.

MAIDEN NAME OF MOTHER Sarah Rose

BIRTHPLACE OF MOTHER (State or county) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Shaw

(Address) Shaw's Landing, Md

Filed 2/2 1909 HARRY C. ... Registrar.

PERMIT ...

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 31 1909

I HEREBY CERTIFY, That I attended deceased ~~from~~ who was taken ~~190~~ suddenly ill ~~190~~ to ~~that I last saw h~~ and lived only six hours ~~alive on~~ ~~190~~

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate,)

Her Symptoms pointed to Cerebral Haemorrhage as the cause, preceded by a severe attack of indigestion

(DURATION) DAYS

Contributory (Primary) Saw her only once.

(DURATION) DAYS

(Signed) Thomas Shearer M. D.

Address 905 N. Charles St.

Date 190

Place of Burial London Park Cemetery

Date Feby 3rd 1909

Undertaker Stewart & Mowru & Co

Address 215 Park ave

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City o
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SEX

DATE O

AGE

SINGLE,
WIDOW

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OF FATH

BIRTHPL
OF FATH
(State or

MAIDEN
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2/2

Ward 1 Registered No. B C19258

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 411 N. Durham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Dora Lindt

{ Residence, if in Baltimore, Give Street and Number. } 411 N. Durham St.

Duration of Residence in Baltimore. Lifetime C19256

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 4th 1842

AGE 66 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick W. Lindt

(Address) 411 N. Durham

Filed Feby 2 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30 / 1909

I HEREBY CERTIFY, That I attended deceased from June 1908 to Jan 30 / 1909 that I last saw h e alive on Jan 30 / 1909, and that death occurred, on the date stated above, at 2 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dropsy

(DURATION) 21 DAYS

Con'ributory (Primary.) Mitral Regurgitation

(DURATION) 6 months DAYS

(Signed) S. T. Corbin M.D.

Address 1904 E. Lafayette St

Date Jan 31 / 1909

Place of Burial Ger. Prot. Cem.

Date 2/2/09 190

Undertaker J. Henig Son

Address 2008 Aisquith St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 19259 Registered No. B .....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 412 Franklin St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

412 Infant of Mary Baynes

Full Name Baby Baynes

{ Residence, if in Baltimore, Give Street and Number. } 412 Franklin St

Duration of Residence in Baltimore. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: Jan 28 1909

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 2/2 1909

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1. 1909

I HEREBY CERTIFY, That I attended deceased from Jan 28 1909 to Feb 1 1909 that I last saw h.. alive on Jan 31 1909, and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition

..... (DURATION) 4 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. H. Streett M.D.

Address Md Gen'l Hosp.

Date Feb 1 at 1909

Place of Burial UNIVERSITY OF MARYLAND

Date FEB 2 - 1909 190...

Undertaker Commissioner Health.

Address Per. Wm. E. WOODALL.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

81

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C19260

City of Baltimore, (No. 2512 York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jas. L. Laurence Osborne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 16 (Day) 1833 (Year)

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York.

FULL NAME OF FATHER: Alexander C Osborne

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Margaret Lumley

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Osborne

(Address) 2512 York Road

Filed Feb 7 1909 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 29 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from 12/25 1908 to 1/29 1909 that I last saw h~~im~~ alive on 1/29 1909, and that death occurred, on the date stated above, at 11.15 P.M. The CAUSE OF DEATH was as follows:

Arterio-Sclerosis & Apoplexy

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) W. S. Gooch M. D.

1/30 1909 (Address) 501 E. 22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Feb 2 1909

UNDERTAKER: E A Friedfeld Jr

ADDRESS: 2113 Brenmore Ave

WM. J. C. DULANY CO., BALTIMORE.

BALTIMORE. 2/27 190 9

Jas. Bosley M.D.
Commissioner of Health
Baltimore
Md.

I hereby make application
to have name changed on
death certificate of
Lorraine Osborne dated
January 30th 1909 to
read James L Osborne
as it appears in his
pension papers

H.S. Grouch M.D

subscribed and sworn to before me this 27th day of February 1909

Wilmer Emory N.P.

twenty-four hours after death, to the U
can be ascertained, the full name, sex

Ward 10 Registered No. B

CERTIFICATE OF DEATH. C19261

(Place of Death.) No. 424 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel J Griffin

{Residence, if in Baltimore, Give Street and Number.} 424 E Monument

Duration of Residence in Baltimore. about 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1872

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Griffin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Flarity

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Boiler Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Griffin

(Address) 424 E Monument

Filed Feby 3 1909

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1 1909

I HEREBY CERTIFY, That I attended deceased from Dec 1908 to Feb 1 1909

that I last saw h[illegible] alive on Jan 27 1909 at 3 P.M. and that death occurred, on the date stated above, at [illegible] P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Tuberculosis of Lung 7 years (DURATION) 6 mos DAYS

Contributory (Primary): Pneumonia

(DURATION) 3 DAYS

(Signed) H P Gray M.D.

Address 131 E Saratoga St

Date Feb 1 1909

Place of Burial New Cathedral

Date Feb 3 1909

Undertaker E A Kirchofer Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C10262 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 Courtland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Henry

{Residence, if in Baltimore, Give Street and Number.} 421 Courtland St

Duration of Residence in Baltimore. Don't Know

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Saloon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Henry

(Address) 421 courtland St

Filed 2/2 1909 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30th 1909

I HEREBY CERTIFY, That I attended deceased from Jan 29th 1909 to Jan 30 1909 that I last saw h alive on Jan 31 1909, and that death occurred, on the date stated above, at 330 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. Gaultfoott M.D.

Address 354 N. Bradde st

Date Feb 2nd, 1909

Place of Burial Mt auburn

Date Feb 2 1909

Undertaker Jno W. Treadwell

Address 142 walbut St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

full name, sex, age, condition (whether married or single) of the person

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 833 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Wenner

{ Residence, if in Baltimore, Give Street and Number. } 833 N. Washington St.

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 13th 1860

AGE 48 years, 7 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John C. Wenner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magarethe Kalbskopf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Decorator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margetta Wenner

(Address) 833 N. Washington St.

Filed 2/2 1909

Registrar HARRY C. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 31st 1909.

I HEREBY CERTIFY, That I attended deceased from December 26th 1908 to January 31st 1909

that I last saw him alive on January 31st 1909

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Intestinal Nephritis

(DURATION) DAYS

(Signed) Harold A. Thayer M.D.

Address 1021 N. Caroline St.

Date (Died Jan. 31st) Feby 1st 1909.

Place of Burial Mt Olivet Cemetery

Date Feb 3rd 1909

Undertaker H. E. Hughes

Address 175 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours** after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. C 45

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A Ruley

Residence, Give Street and Number, 1306 E Lexington St

Duration of Residence in Baltimore, C19264

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR: W

DATE OF BIRTH: 1

AGE: 59 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED.

BIRTHPLACE (State or county): Maryland

FULL NAME OF FATHER: not Known

BIRTHPLACE OF FATHER (State or county): not Known

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or county): not Known

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Feb 2 1909 HARRY O. ANDREWS, PERMIT CLERK Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Feb 1 1909

I HEREBY CERTIFY, That I attended deceased from Dec 16 1908 to Feb 1 1909

that I last saw her alive on Feb 1 1909

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Alveolar Sarcoma Thigh (DURATION) DAYS

(Signed) Elbert Gill Hall M. D.

Address St Joseph's Ger Hosp

Date Feb 1 1909

Place of Burial Baltimore Cemetery

Date Feb 3 1909

Undertaker Wm H Schaeffer

Address E. S. Front St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 4th

Registered No. C (illegible) C19265 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 Gittings St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. Pennick

Residence, Give Street and Number, 119 Gittings St

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Male

COLOR: white

DATE OF BIRTH: Jan 15 1909

AGE: 0 years, — months, 17 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or county): Md

FULL NAME OF FATHER: Frank J. Pennick

BIRTHPLACE OF FATHER (State or county): Md

MAIDEN NAME OF MOTHER: Catherine Mavis

BIRTHPLACE OF MOTHER (State or county): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Pennick

(Address) 119 Gittings St

Filed Feb 2 1909

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Feb 1 1909

I HEREBY CERTIFY, That I attended deceased from Jan 25 1909 to Feb 1 1909

that I last saw h in alive on Feb 1 1909

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate,)

Exhaustion

(DURATION) 7 DAYS

Contributory, (Primary) Premature Birth

(DURATION) DAYS

(Signed) R. E. Campbell M. D.

Address 1644 Hanover Ave

Date Feb 2 1909

Place of Burial Baltimore Cemetery

Date Feb 3 1909

Undertaker Jos. Stansbury

Address 1318 Light St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 24 Registered No. C

CERTIFICATE OF DEATH. C19266

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H Scheydt

Residence, Give Street and Number, 426 E Fort ave.

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS.

SEX M COLOR W

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED OR DIVORCED. W

BIRTHPLACE (State or county) Md

FULL NAME OF FATHER John Henry Scheydt

BIRTHPLACE OF FATHER (State or county) Germany

MAIDEN NAME OF MOTHER I dont know

BIRTHPLACE OF MOTHER (State or county) I dont know

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Feb 2 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Jan 31 1909

I HEREBY CERTIFY, That I attended deceased from Jan 29 1909 to Jan 31 1909

that I last saw h-- alive on Jan 31 1909

and that death occurred, on the date stated above, at 11 50

M. CAUSE OF DEATH (Secondary or Immediate,)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) W H Eshe M. D.

Address Bay View Hospital

Date Feb 1 1909

Place of Burial Western Cemetery

Date Feb 3 1909

Undertaker Jno J Steinbock

Address 1318 Light St.

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 27

Registered No. C 019267

CERTIFICATE OF DEATH.

(Place of Death.) No. 1153 Sergeant St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Perry G. Pickett

Residence, Give Street and Number, 1163 Bonner St.

Duration of Residence in Baltimore, 59 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX ~~Male~~ Female

COLOR White

DATE OF BIRTH Dec 9 1849

AGE 59 years, / months, 22 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED~~ OR DIVORCED.

BIRTHPLACE (State or county) Howard Co Md

FULL NAME OF FATHER Perry G Pickett

BIRTHPLACE OF FATHER (State or county) Howard Co Md

MAIDEN NAME OF MOTHER Rachael Tucker

BIRTHPLACE OF MOTHER (State or county) Howard Co Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anne Warner

(Address) 1255 Columbia

Filed Feb 2 1909 HARRY C. ANDREWS, Registrar. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 31 1909

I HEREBY CERTIFY, That I attended deceased from Jan 27th 1909 to Jan 31 1909 that I last saw him alive on Jan 31 1909 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate,)

Cardiac Collapse

Contributory (Primary) Lobar Pneumonia (DURATION) DAYS

(DURATION) 7 DAYS

(Signed) W B Grundon M. D.

Address 643 Columbia Ave

Date 2/ 1909

Place of Burial London Park

Date Feb 3. 1909

Undertaker Jos B Cook

Address 1003 W Baltimore

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward VI

Registered No. B C19268

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary V Banks

{Residence, if in Baltimore, Give Street and Number.} 1105 Madison ave

Duration of Residence in Baltimore. 46 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wht

DATE OF BIRTH: Jany 25, 1840

AGE: 69 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Wm Banks

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Keene

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Banks

(Address) 1105 Madison ave.

Filed Feb 2 1909 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Monday Feb 1 1909

I HEREBY CERTIFY, That I attended deceased from Feb 1 1909 to Feb 1 1909

that I last saw h Feb alive on Feb 1 1909,

and that death occurred, on the date stated above, at 8.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

15 minutes (DURATION) DAYS

Contributory (Primary.) Rheumatism about 1 year (DURATION) DAYS

(Signed) G Lane Tanehill M.D.

Address 1103 Madison ave

Date Feb 1 1909

Place of Burial Druid Ridge Cem

Date Feb. 3rd 1909

Undertaker Chas E. Fraser

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C19269

CERTIFICATE OF DEATH.

90

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Konnoser

{Residence, if in Baltimore, Give Street and Number.} Baltimore City Hospital

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH December 1 1833

AGE 57 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo. F. Konnoser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Charlotte Trautmann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Pacca

Filed Feb 2 1909 HARRY O. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 31 1909.

I HEREBY CERTIFY, That I attended deceased from Jan. 25 1909 to Jan. 31 1909 that I last saw h[illegible] alive on Jan. 31 1909, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia

(DURATION) DAYS

Contributory (Primary) Central pneumonia (DURATION) DAYS

(Signed) Wm. J. Schmit M.D.

Address City Hospital

Date Jan 31 1909.

Place of Burial Western Cemetery

Date Feb 3 1909

Undertaker Jos. Joerdens, Son

Address 217 S. Pacca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. C 17820

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 182 Longton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Braman

Residence, Give Street and Number, 182 Longton St.

Duration of Residence in Baltimore, 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female

COLOR White

DATE OF BIRTH Don't know

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED. Single

BIRTHPLACE (State or county) Ireland

FULL NAME OF FATHER Patrick Braman

BIRTHPLACE OF FATHER (State or county) Ireland

MAIDEN NAME OF MOTHER Bridget Gillard

BIRTHPLACE OF MOTHER (State or county) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Hagard cousin

(Address) 182 Longston St

Filed Feb 4 1909

Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH January 31 1909

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate,)

1 Cardiac failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ho W Leinhardt M. D.

Address 2 Eutaw

Date February 2 1909

Place of Burial Cathedral Cemetery

Date February 4 1909

Undertaker Hall and Margaret E Flynn

Address 420 West St

Remarks

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C19271

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 2204 Callow Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Runes

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER ~

BIRTHPLACE OF FATHER (State or country) X

MAIDEN NAME OF MOTHER X

BIRTHPLACE OF MOTHER (State or country) ~

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Runes

(Address) 2204 Callow Av

Filed Feb 3 1909 HARRY O. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1909 to Feb 2 1909 that I last saw h-- alive on Feb 1 1909, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Chronic Interstit Nephritis
6 (DURATION) DAYS
Contributory Cardiac Asthenia
(DURATION) 3 DAYS

(Signed) Adolf Gumpz M. D.
Feb 2 1909 (Address) 1920 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL Ant Clamm. | DATE OF BURIAL Feb 3 1909

UNDERTAKER Harry Sondheim | ADDRESS 922 Madison Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

THE PHYSICIAN WILL FILL OUT THIS FORM WITH EXCEPTION OF PART ENCLOSED BY BLACK LINES.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

019272

66

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1630, Vincent St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maranda Howden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: not known ..... 1 (Month) (Day) Year)

AGE: not known — apparently 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida White (Mary Lee)

(Address) 1629 Freed Pressburg

Filed ..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb. (Month) 1 (Day) 1909 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3 1908 to Feb 1 1909 that I last saw h.. alive on Feb. 1 1909, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 3 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Clandestine Physician M. D.

2/1 1909 (Address) 165 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt. Auburn, Catonsville | DATE OF BURIAL ..... 190.....

UNDERTAKER: Geo H Hooper | ADDRESS: 609 Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

89

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alonzo Blake C1923

{ Residence, if in Baltimore, Give Street and Number. } 8 days.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): N. C.

FULL NAME OF FATHER: Thos Blake

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J E Hawkins

(Address) 4 St Brooklyn A.A.Co.

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Feb 2d 1907

I HEREBY CERTIFY, That I attended deceased from Jan 27 1907 to Feb 2d 1907 that I last saw him alive on Feb 2d 1907, and that death occurred, on the date stated above, at 7.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic poisoning opium or Morphine habit.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date ..... 190....

Place of Burial Vita Dender N.C.

Date FEB 3 - 1907 190....

Undertaker Armstrong Denny Co.

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C19274 Registered No. B C19274

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 Leadenhall st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 93

Full Name Rachel wms g.

{Residence, if in Baltimore, Give Street and Number.} 825 Leadenhall st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored.

DATE OF BIRTH 1

AGE 9 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER william wms g

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Ella Russell.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I

(Informant) Ella Wms g

(Address) 825 Leadenhall st

Filed 2/3 1909 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 2nd 1909

I HEREBY CERTIFY, That I attended deceased from Jan 5th 1909 to Feb 2nd 1909 that I last saw her alive on Feb 2nd 1909, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs.

(DURATION) two DAYS

Contributory (Primary.) typhoid pneumonia (DURATION) two or three days

(Signed) Henrietta M. Thomas M.D.

Address 1718 John St

Date 2-3 1909

Place of Burial Mt Auburn

Date Feb. 4 1909

Undertaker Ernest A. Trader

Address 614 2 Druid St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS Nov. 8 th DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WIT C-16300 10/11/68 AND ENDING WITH C-19274-2/2/69 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O T Line



END OF REEL